

ID NUMBER: CONTACT YEAR: 0 7 FORM CODE: V E N VERSION: C 02/23/93

LAST NAME: INITIALS:

Public reporting burden for this collection of information is estimated to average 4 minutes, including time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. If you have comments regarding this burden, please send them to Attention: PRA Reports Clearance Officer, PHS, 721-B Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, D.C. 20201, and to the Paperwork Reduction Project (0925-0281), Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

INSTRUCTIONS: This form should be completed on paper during the participant's visit.

A. BLOOD DRAWING

1. Do you have any bleeding disorders? Yes Y
No N
Don't Know D
 If Yes, specify in Item 13.

2. Date of blood drawing: / /
month day year

3.a. Time of blood drawing: :
h h m m

b. AM or PM: AM A
PM P

4. Was all blood drawn before the snack? Yes Y
No N
 If No, specify non-fasting tubes on page 3.

5. Number of venipuncture attempts:

6. Filling time of Tube 1: seconds

7. Was the tourniquet reapplied? Yes Y

No N

If Yes, specify on page 3.

8. Code number of phlebotomist: [][][]

B. BLOOD PROCESSING

9.a. Time at which specimen Tubes 2-7 were spun: [][] : [][]
h h m m

b. AM or PM: AM A
PM P

10.a. Time at which specimen Tube 1 was spun: [][] : [][]
h h m m

b. AM or PM: AM A
PM P

11.a. Time at which specimens were placed in freezer: [][] : [][]
h h m m

b. AM or PM: AM A
PM P

12. Code number of technician processing the blood: [][][]

13. Comments on blood drawing/processing: Yes Y
No N

If Yes, Specify: _____

14. Paper Incident Record (page 3) used? Yes Y
No N

PLACE ARIC ID LABEL HERE.

VENIPUNCTURE INCIDENT RECORD

A. BLOOD DRAWING INCIDENTS: THIS LOG IS COMPLETED TO DOCUMENT PROBLEMS WITH THE VENIPUNCTURE. PLACE AN "X" IN BOXES CORRESPONDING TO THE TUBES IN WHICH BLOOD DRAWING PROBLEMS OCCURRED. IF A PROBLEM OTHER THAN THOSE LISTED OCCURRED, USE ITEM 6.

	Tubes							
	1	2	3	4	5	6	7	8
1. Sample not drawn								
2. Partial sample drawn								
3a. Tourniquet reapplied								
3b. Fist Clenching								
4. Needle movement								

5. Phlebotomist code: _ _ _ _

6. Other problems in blood drawing: _____

B. BLOOD PROCESSING INCIDENTS: THIS LOG IS COMPLETED TO DOCUMENT PROBLEMS PROCESSING THE SPECIMENS. PLACE AN "X" IN BOXES CORRESPONDING TO THE TUBES IN WHICH PROCESSING PROBLEMS OCCURRED. IF A PROBLEM OTHER THAN THOSE LISTED OCCURRED, USE ITEM 13.

	Tubes							
	1	2	3	4	5	6	7	8
7. Broken tube								
8. Clotted								
9. Hemolyzed								
10. Lipemic								
11. Other Contamination								

12. Blood Processor Code: _ _ _ _

13. Other problems, in blood processing: _____

14. Date of procedures: _ _ / _ _ / _ _ .

ORIGINAL TO ARIC COORDINATING CENTER; COPIES TO CENTRAL LABS AND FIELD CENTER.