ADMINISTRATIVE INFORMATION

0a. Completion Date: __/__/____  0b. Staff ID: __ __ __

Instructions: This form should be completed during the participant’s clinic or home visit.

A. URINE SAMPLE

1. Urine sample collected?
   Yes ...... □
   No ...... □ → Go to Item 6

2. Time/date of urine sample:
   a. Time of urine sample: ____________________________ : ________
   b. AM or PM?
      AM ...... □
      PM ...... □
   c. Date of urine sample collection: __________/____/____

B. URINE PROCESSING

3. Volume adequate for processing? ____________________________ □
   Yes (≥ 30mL) __________________________________________________________________ Y
   Yes (< 30 mL but at least 15 mL) __________________________________________________________________ B
   No (<15 mL, discard) ______________________________________________________________________ N → Go to Item 6
4a. Urine pH adjustment made? .......................................................... No

Yes, pH adjustment made.................................................. A
No, pH adjustment not made........................................ B

→ Go to Item 6

Date/time that the pH adjustment is made and technician ID for urine sample

b. Date ........................................................................ M M / M M / M M / M M / M M

c. Time ........................................................................ h h : h h

d. AM or PM?

AM ....... □
PM ....... □

5. Technician ID for urine sample: ........................................... □ □ □

C. BLOOD DRAWING

6. Do you have any bleeding disorders other than easy bruising which is often caused by medications like aspirin or plavix?

Yes ................ □
No ................... □ → Go to Item 7

a. Please specify the nature of the bleeding disorder:

___________________________________________________________________________

___________________________________________________________________________

7. When was the last time you ate or drank anything other than water?

a. Time ........................................................................ h h : h h

b. AM or PM?

AM ....... □
PM ....... □
8. Time/date of blood drawing:

a. Time of blood drawing: ........................................   h   h   m   m
b. AM or PM?
   AM .......  □
   PM .......  □

c. Date of blood drawing: ........................................   M   M   D   D   Y   Y   Y   Y

9. Number of venipuncture attempts: ........................................  □

10. Code number of phlebotomist: .....................................

a. Code number of assistant: ...................................

11. Any blood drawing incidents or problems?

Yes ...............  □
No ...............  □ → Go to Item 13

[Blood drawing incidents: Document problems with venipuncture in this table. Place an “X” in box(es) corresponding to the tubes in which the blood drawing problem(s) occurred. If a problem other than those listed occurred, use Item 12.]

<table>
<thead>
<tr>
<th>Tube</th>
<th>1</th>
<th>2</th>
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<th>8</th>
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<th>11</th>
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</thead>
<tbody>
<tr>
<td>a. Sample not drawn</td>
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<td>b. Partial sample drawn</td>
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<tr>
<td>c. Tourniquet reapplied</td>
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<tr>
<td>d. Fist clenching</td>
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<tr>
<td>e. Needle movement</td>
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<tr>
<td>f. Participant reclining</td>
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</tbody>
</table>

12. If any other blood drawing problems not listed above (e.g., fasting status, etc.), describe incident or problem here:

_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
D. BLOOD PROCESSING

13. Date/time of processing specimen tubes 4, 5, 6, and 7:
   a. Date specimen tubes 4, 5, 6, and 7 were spun: [ ]
   b. Time specimen tubes 4, 5, 6, and 7 were spun: [ ]
   c. AM or PM?
      AM ....... [ ]
      PM ....... [ ]

14. Code number of technician processing blood (tubes 4, 5, 6, 7): [ ]

15. Date/time of processing specimen tubes 1, 2, 8, and 9:
   a. Date specimen tubes 1, 2, 8, and 9 were spun: [ ]
   b. Time specimen tubes 1, 2, 8, and 9 were spun: [ ]
   c. AM or PM?
      AM ....... [ ]
      PM ....... [ ]

16. Code number of technician processing blood tubes 1, 2, 8 and 9: [ ]

17. Date/time specimens from tubes 1, 2, 4, 5, 6, 7, 8 and 9 were placed in freezer:
   a. Date specimens were placed in freezer: [ ]
   b. Time specimens were placed in freezer: [ ]
   c. AM or PM?
      AM ....... [ ]
      PM ....... [ ]

18. Date/time of processing specimen tube 3:
   a. Date specimen tube 3 was spun: [ ]
   b. Time specimen tube 3 was spun: [ ]
c. AM or PM?

AM ....... ☐
PM ....... ☐

d. Code number of technician processing blood tube 3: ☐☐☐

19. Date/time tubes 3, 10 and 11 were packaged for daily shipment out:

a. Date tubes (3, 10 and 11) were packaged for daily shipment out:

/ / / / / / / / / / / /
M M D D Y Y Y Y

b. Time specimens were packaged for daily shipment out: ☐ ☐ : ☐ ☐

c. AM or PM?

AM ....... ☐
PM ....... ☐

d. Code number of technician packaging specimens for daily shipment out: ☐☐☐

20. Any blood processing incidents or problems?

Yes ................ ☐ No ☐ FINISHED

[Blood processing incidents: Document problems with the processing of specimens in this table.
Place an “X” in box(es) corresponding to the tubes in which the processing problem(s) occurred. If a problem other than those listed occurred, use Item 21.]

<table>
<thead>
<tr>
<th>Tube</th>
<th>1</th>
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</thead>
<tbody>
<tr>
<td>a. Broken tube</td>
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<td>b. Clotted</td>
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<td>c. Hemolyzed</td>
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<tr>
<td>d. Lipemic</td>
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<tr>
<td>e. Other</td>
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</table>

21. Comments on blood processing or other problems in blood processing: (attach a sheet if needed)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________