



## Exam 6 Home Visit:

Participant ID #: Acrostic: Phlebotomist ID: Date:  /  /   
Month Day Year

QC ID:

## Urine / Phlebotomy

### PARTICIPANT QUESTIONS

|   | Yes                   | No                    | Don't know            |
|---|-----------------------|-----------------------|-----------------------|
| 1. Do you bleed or bruise easily?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Have you ever been told you have a disorder relating to blood clotting or coagulation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Have you ever experienced fainting spells while having blood drawn?                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Do you have diabetes for which you take insulin or oral hypoglycemics?                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### PROCEDURE

5. Time at start of venipuncture:  :  ☐ AM  
☐ PM  
Hr Min

6. Was any blood drawn?

- ☐ Yes, full sample  
☐ Yes, partial sample  
☐ No, refused  
☐ No, hard to stick  
☐ No, other:

7. Elapsed time until  
tourniquet released:  seconds  
(120-seconds optimum)

8. Time at end of  
venipuncture:  :  ☐ AM  
☐ PM  
Hr Min

9. Quality of venipuncture: ☐ Traumatic ☐ Clean



Mark all  
that apply

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Vein collapsed | <input type="checkbox"/> Excessive duration of draw | <input type="checkbox"/> Vein hard to get at          |
| <input type="checkbox"/> Hematoma       | <input type="checkbox"/> Multiple sticks            | <input type="checkbox"/> Leakage at venipuncture site |



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### Urine / Phlebotomy

*If tube is not full, but is at least half full, please indicate "Partial" and enter the volume to the nearest mL.*

| 10. Blood volume per tube: | Filled                |                       |                       | Specify<br>volume (mL):<br><i>min 1/2 full</i> |
|----------------------------|-----------------------|-----------------------|-----------------------|--|
| <i>Exam 6:</i>             | Yes                   | No                    | Partial               |  |
| a. Serum 10 mL             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/>                           |
| b. EDTA 10 mL              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/>                           |
| c. Serum 10 mL             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/>                           |
| d. EDTA 10 mL              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/>                           |
| e. Paxgene 2.5 mL          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/>                           |

11. Participant selected as a quality control subject?

- ☐ NO
- ☐ YES
- ☐ YES, but not enough  
blood for QC

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_