



## Exam 6 Home Visit:

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

## Urine / Phlebotomy

### PARTICIPANT QUESTIONS

	Yes	No	Don't know
1. ¿Sangra o le aparecen morados o moretones con facilidad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ¿Le han dicho alguna vez que tiene un trastorno de la coagulación de la sangre?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ¿Alguna vez se desmayó mientras le extraían sangre?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ¿Padece de diabetes tratada con insulina o hipoglucemiantes orales?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### PROCEDURE

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

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  
Hr Min ☐ PM

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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*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 volume (mL): <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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_