

**Multi-Ethnic Study of Atherosclerosis**  
Exam 5



**Urine / Phlebotomy**

**QC Id#:** \_\_\_\_\_ **Id#:** \_\_\_\_\_

**Acrostic:** \_\_\_\_\_

Phlebotomist ID

**Date:**   /   /      
Month Day Year

**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**

**Blood Draw Type I Configuration**

- 5 Was urine sample filled?  
☐ YES → Yes ☐ No ☐ Partial  *min 51mL*  
☐ NO → Why was urine sample not taken?  
☐ Participant unable to void  
☐ Refused  
☐ Other:

6 Time at start of venipuncture:   :    M

- 7 Was any blood drawn?  
☐ Yes, full sample  
☐ Yes, partial sample  
☐ No, refused  
☐ No, hard to stick  
☐ No, other:

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

9 Time at end of venipuncture:   :    M

10 Quality of venipuncture: ☐ Traumatic ☐ Clean

- Mark all that apply*
- |  |  |
|--|--|
| <input type="radio"/> Vein collapsed             | <input type="radio"/> Multiple sticks              |
| <input type="radio"/> Hematoma                   | <input type="radio"/> Vein hard to get             |
| <input type="radio"/> Excessive duration of draw | <input type="radio"/> Leakage at venipuncture site |

11 Blood Volume per tube:

**Filled**

**Other**  
(specify volume):  
*min ½ full*

- |                   | Yes                   | No                    | Partial               |                      |
|-------------------|-----------------------|-----------------------|-----------------------|----------------------|
| 1. Serum 10 mL    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 2. EDTA 10 mL     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 3. Citrate 4.5 mL | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 4. Serum 10 mL    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 5. EDTA 10 mL     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 6. SCAT 5 mL      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 7. EDTA 2 mL      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |

12 Participant selected as a quality control subject?

(Participant ID ends in 6)

(Blood)

(Urine)

- |  |  |
|--|--|
| <input type="radio"/> NO                               | <input type="radio"/> NO                               |
| <input type="radio"/> YES                              | <input type="radio"/> YES                              |
| <input type="radio"/> YES, but not enough blood for QC | <input type="radio"/> YES, but not enough urine for QC |

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