

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 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

Blood Draw Type 2 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: Yes No Partial **Other (specify volume): min 1/2 full**

1. Serum Cre. 3.5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
2. Serum 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
3. EDTA 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
4. Citrate 4.5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
5. Serum 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6. EDTA 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
7. SCAT 5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
8. EDTA 2 mL (WB)	<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: _____