



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. Was urine sample filled?

Yes → Skip to #6

No →

Partial
↳ mL

Why was urine sample not taken?

Participant unable to void

Refused

Other:

6. Time at start of venipuncture: : AM
 PM
Hr Min

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: : AM
 PM
Hr Min



MESA Exam 6A

Urine / Phlebotomy

10. Quality of venipuncture: Traumatic Clean



<i>Mark all that apply</i>	<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

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

Exam 6A:	Filled			Specify volume (mL): <i>min 1/2 full</i>	
	Yes	No	Partial		
a. Serum 7.5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<i>Include if consented to vitD study</i>
b. Paxgene 2.5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<i>Include if consented to vitD study</i>

12. Participant selected as a quality control subject?

- | | |
|--|--|
| (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: _____
