



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, not required. Core blood draw within 4 weeks of Exam 6 Plus → **End of Form**

No, other:

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

9. Time at end of venipuncture: : AM
 PM
Hr Min



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.

11. Blood volume per tube:

| 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> |

Comments: _____

