



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



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:

Filled

Specify
volume (mL):
min 1/2 full

Exam 6A:

Yes No Partial

a. Serum 7.5 mL

Include if consented to vitD study

b. Paxgene 2.5 mL

Include if consented to vitD study

Comments: _____

