

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

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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 6:	Filled			Specify volume (mL): <i>min 1/2 full</i>
	Yes	No	Partial	
a. Serum 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
b. EDTA 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
c. CPT 8 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
d. CPT 8 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
e. Serum 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
f. EDTA 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
g. CPT 8 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
h. CPT 8 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
i. EDTA CBC/Diff 4 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
j. Paxgene 2.5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
VitD 6a:				
k. Serum 7.5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <i>Include if consented to vitD study</i>
l. Paxgene 2.5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <i>Include if consented to vitD study</i>

(continued)

Urine / Phlebotomy

11. Blood volume per tube:

PET exam:	Filled			Specify volume (mL): <i>min 1/2 full</i>	
	Yes	No	Partial		
m. Serum 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<i>Include if consented to PET study</i>
n. EDTA 5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<i>Include if consented to PET study</i>
o. EDTA 5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<i>Include if consented to PET study</i>
p. EDTA 5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<i>Include if consented to PET study</i>
q. EDTA 5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<i>Include if consented to PET study</i>
r. EDTA 5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<i>Include if consented to PET 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: _____
