



## Repeat Biosample Collection

9. Was any blood drawn?

- Yes, full sample
- Yes, partial sample
- No, refused
- No, hard to stick
- No, other:

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

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

12. Quality of venipuncture:  Traumatic  Clean



*Mark all that apply*

<input type="radio"/> Vein collapsed	<input type="radio"/> Excessive duration of draw	<input type="radio"/> Vein hard to get at
<input type="radio"/> Hematoma	<input type="radio"/> Multiple sticks	<input type="radio"/> 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.*

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13. volume per tube:	Filled			Specify volume (mL): <i>min 1/2 full</i>
	Yes	No	Partial	
a. EDTA 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
b. EDTA 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
c. EDTA 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
d. EDTA 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
e. Serum 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
f. Serum 5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
g. EDTA 2 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
h. EDTA 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
i. PAXgene 2.5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

### Section C: Nasal Brushing Collection

14. Is systolic blood pressure >180 OR diastolic blood pressure >110 from Seated Blood Pressure?

Yes → *Don't perform nasal swab*

No → *Proceed to next question*

SBP

DBP

15. Have you had a cold or the flu that started in the past 4 weeks, or have you had a positive COVID test in the past 4 weeks?

Yes → *Don't perform nasal swab. If no other exclusion criteria, reschedule nasal brushing once participant is 4 weeks past infection.*

No → *Proceed to next question*

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	Yes*	No
16. Are you currently taking an anticoagulant such as warfarin, low molecular weight heparin, or newer oral direct acting anticoagulants?	<input type="radio"/>	<input type="radio"/>
17. Are you currently taking aspirin, clopidogrel or other anti-platelet medication?	<input type="radio"/>	<input type="radio"/>
18. Have you had recent nasal trauma or surgery?	<input type="radio"/>	<input type="radio"/>
19. Do you have a history of severe nose bleeds?	<input type="radio"/>	<input type="radio"/>

**\*If YES to any of Q16-19, do not proceed with nasal swab collection. Select NO for Q20.**

20. Was nasal swab completed?

- Yes, both nares swabbed
- Partial, only one naris swabbed
- No

Time completed:

		:			<input type="radio"/> AM
Hr			Min		<input type="radio"/> PM

Reason not completed:

- Refused
- Physically unable
- Cognitively unable
- Other, please specify:

## Section D: Hair Collection

21. Was hair collection completed?

- Yes
- No

21a. How many follicles were collected (1-10)?

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21b. How many shafts were collected (0-10)?

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21c. Location of hair collection:

- Front or head
- Left side
- Right side
- Top
- Back