

ID NUMBER: CONTACT YEAR;	0 1 FORM CODE: VEN VERSION: A 11-01-
LASI NAME:	INITIALS:
INSTRUCTIONS: This form should be completed during the participant's visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.	
VENIPUNCTURE FORM (VENA screen 1 of 2)	
A. BLOOD DRAWING	5. Number of venipuncture attempts:
Do you have any bleeding disorders? YES Y NO N	6. Filling time of tube 1: seconds
DON'T KNOW D	7. Code number of phlebotomist completing this section:
2. Date of blood drawing: month day year 3. Time of blood drawing: AM A	B. BLOOD PROCESSING 8. Time specimen tubes 2,4-7 were spun::: PM P
PM P 4. Was blood drawn before the snack?YES Y NO N	9. Time specimen tubes 1,3 were spun:: PM F
VENIPUNCTURE FORM (VENA screen 2 of 2)	
10. Was the specimen visibly hemolyzed?YES Y	12. Comments:
11. Time specimen was placed in freezer: : AM A PM P	C. ADMINISTRATIVE INFORMATION 13. Code number of technician processing the blood: