

ID NUMBER: CONTACT YEAR: 0 7 FORM CODE: VEN VERSION: C 02/23/93
LAST NAME: INITIALS:
Public reporting burden for this collection of information is estimated to average 4 minutes, including time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. If you have comments regarding this burden, please send them to Attention: PRA Reports Clearance Officer, PHS, 721-B Hubert H. Humphrey Building, 200 Independence Avenue, SM, Washington, D.C. 20201, and to the Paperwork Reduction Project (0925-0281), Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.
INSTRUCTIONS: This form should be completed on paper during the
INSTRUCTIONS: This form should be completed on paper during the participant's visit.
A. BLOOD DRAWING
1. Do you have any bleeding disorders? Yes Y
No N
If Yes, specify in Item 13.  Don't Know D
2. Date of blood drawing://
month day year  3.a. Time of blood drawing:
b. AM or PM: AM A
PM P
4. Was all blood drawn before the snack? Yes Y
If No, specify non-fasting tubes on page 3. No N
5. Number of venipuncture attempts:
6. Filling time of Tube 1: seconds

A - 330		
7. Was the tourniquet reapplied?	Yes	Y
If Yes, specify on page 3.	No	N
•		
8. Code number of phlebotomist:		
B. BLOOD PROCESSING		
9.a. Time at which specimen Tubes 2-7 were spun:  h h	:      m m	
b. AM or PM:		A
10.a. Time at which specimen Tube 1 was spun:  h h	: m m	]
b. AM or PM:		A P
11.a. Time at which specimens were placed in freezer:	:	
h h b. Am or PM:	. AM	A P
12. Code number of technician processing the blood:		
13. Comments on blood drawing/processing:	Yes	Y
If Yes, Specify:	No	N

14. Paper Incident Record (page 3) used? ..... Yes Y

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## PLACE ARIC ID LABEL HERE.

## VENIPUNCTURE INCIDENT RECORD

A. BLOOD DRAWING INCIDENTS: THIS LOG IS COMPLETED TO DOCUMENT PROBLEMS WITH THE VENIPUNCTURE. PLACE AN "X" IN BOXES CORRESPONDING TO THE TUBES IN WHICH BLOOD DRAWING PROBLEMS OCCURRED. IF A PROBLEM OTHER THAN THOSE LISTED OCCURRED, USE ITEM 6.

1 2 3  1. Sample not drawn  2. Partial sample drawn  3a. Tourniquet reapplied  3b. Fist Clenching  4. Needle movement  5. Phlebotomist code:  6. Other problems in blood drawing:  BLOOD PROCESSING INCIDENTS: THIS LOG IS COMP PROCESSING THE SPECIMENS. PLACE AN "X" IN BC TUBES IN WHICH PROCESSING PROBLEMS OCCURRED. LISTED OCCURRED, USE ITEM 13.  1 2 3  7. Broken tube  8. Clotted	mple not drawn  rtial sample drawn  urniquet reapplied  st Clenching  edle movement  ebotomist code:  er problems in blood drawing:  PROCESSING INCIDENTS: THIS LOG IS SING THE SPECIMENS. PLACE AN "X" IN WHICH PROCESSING PROBLEMS OCCURRED OCCURRED, USE ITEM 13.  1 2 3  oken tube  otted  molyzed					Tu	bes			
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1 2 3  Broken tube	1 2 3  oken tube  otted  molyzed									
7. Broken tube	oken tube otted molyzed	ROCESSING THE SPECIMENS	. PLAC	E AN "	K" IN	BOXES (	CORRESI	PONDING	יד סדי	HTC
	otted molyzed	ROCESSING THE SPECIMENS UBES IN WHICH PROCESSING	G PROBL	E AN "	K" IN	BOXES (	CORRESI	PONDING	יד סדי	HTC
8 Clotted	molyzed	ROCESSING THE SPECIMENS UBES IN WHICH PROCESSING	G PROBL	E AN "	K" IN I	BOXES (	CORRESI A PROBI	PONDING	יד סדי	HTC
o. Clotted		ROCESSING THE SPECIMENS UBES IN WHICH PROCESSING ISTED OCCURRED, USE ITE	G PROBL	E AN "	K" IN I	BOXES (	CORRESI A PROBI	PONDING LEM OTH	TO THE	HE AN T
9. Hemolyzed	pemic	ROCESSING THE SPECIMENS UBES IN WHICH PROCESSING ISTED OCCURRED, USE ITE	G PROBL	E AN "	K" IN I	BOXES (	CORRESI A PROBI	PONDING LEM OTH	TO THE	HE AN T
10. Lipemic		Broken tube  Clotted	G PROBL	E AN "	K" IN I	BOXES (	CORRESI A PROBI	PONDING LEM OTH	TO THE	HE AN T
11. Other Contamination	her Contamination	Broken tube  Clotted  Hemolyzed	G PROBL	E AN "	K" IN I	BOXES (	CORRESI A PROBI	PONDING LEM OTH	TO THE	HE AN T

ORIGINAL TO ARIC COORDINATING CENTER; COPIES TO CENTRAL LABS AND FIELD CENTER.

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