OMB#: 0925-0281
Exp. 3/31/2014

BIOSPECIMEN COLLECTION FORM

ID NUMBER: ☐☐☐☐☐☐☐ FORM CODE: B I O DATE: 06/01/2011 Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ (Month / Day / Year) 0b. Staff ID: ☐☐☐

Instructions: *This form should be completed during the participant's clinic or home visit.*

CLINIC VISIT ☐
HOME VISIT ☐

A. URINE SAMPLE

1. Urine sample collected?

Yes .....☐
No.....☐ → **Go to Item 6**

2. Time/date of urine sample:

a. Time of urine sample: ..... ☐☐:☐☐ (h h : m m)

b. AM or PM?

AM ..... ☐
PM ..... ☐

c. Date of urine sample collection: ..... ☐☐/☐☐/☐☐☐☐ (M M / D D / Y Y Y Y)

B. URINE PROCESSING

3. Volume adequate for processing? ..... ☐

Yes (≥ 30mL)..... Y
Yes (< 30 mL but at least 15 mL)..... B
No (<15 mL, discard)..... N → **Go to Item 6**

4a. Urine pH adjustment made? ..... ☐

Yes, pH adjustment made ..... A
No, pH adjustment not made..... B→ **Go to Item 6**

Date/time that the pH adjustment is made and technician ID for urine sample

b. Date..... ☐☐/☐☐/☐☐☐☐
M M D D Y Y Y Y

c. Time ..... ☐☐:☐☐
h h m m

d. AM or PM?

AM ..... ☐
PM ..... ☐

5. Technician ID for urine sample: ..... ☐☐☐

C. BLOOD DRAWING

6. Do you have any bleeding disorders other than easy bruising which is often caused by medications like aspirin or plavix?

Yes ..... ☐
No..... ☐ →**Go to Item 7**

a. Please specify the nature of the bleeding disorder:

_____

_____

7. When was the last time you ate or drank anything other than water?

a. Time ..... ☐☐:☐☐
h h m m

b. AM or PM?

AM ..... ☐
PM ..... ☐

8. Time/date of blood drawing:

a. Time of blood drawing: ..... ☐☐:☐☐
h h m m

b. AM or PM?

AM ..... ☐

PM ..... ☐

c. Date of blood drawing: ..... ☐☐/☐☐/☐☐☐☐
M M D D Y Y Y Y

9. Number of venipuncture attempts: ..... ☐

10. Code number of phlebotomist: ..... ☐☐☐

a. Code number of assistant: ..... ☐☐☐

11. Any blood drawing incidents or problems?

Yes ..... ☐

No..... ☐ → **Go to Item 13**

[*Blood drawing incidents: Document problems with venipuncture in this table. Place an "X" in box(es) corresponding to the tubes in which the blood drawing problem(s) occurred. If a problem other than those listed occurred, use Item 12*.]

	Tube 1	2	3	4	5	6	7	8	9	10	11
a. Sample not drawn	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. Partial sample drawn	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
c. Tourniquet reapplied	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
d. Fist clenching	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
e. Needle movement	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
f. Participant reclining	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

12. If any other blood drawing problems not listed above (e.g., fasting status, etc.), describe incident or problem here:

_____

_____

_____

D. BLOOD PROCESSING

13. Date/time of processing specimen tubes 4, 5, 6, and 7:

    a. Date specimen tubes 4, 5, 6, and 7 were spun: ☐☐/☐☐/☐☐☐☐
    M M D D Y Y Y Y

    b. Time specimen tubes 4, 5, 6, and 7 were spun: ☐☐:☐☐
    h h m m

    c. AM or PM?

    AM ..... ☐
    PM ..... ☐

14. Code number of technician processing blood (tubes 4, 5, 6, 7): ☐☐☐

15. Date/time of processing specimen tubes 1, 2, 8, and 9:

    a. Date specimen tubes 1, 2, 8, and 9 were spun: ☐☐/☐☐/☐☐☐☐
    M M D D Y Y Y Y

    b. Time specimen tubes 1, 2, 8, and 9 were spun: ☐☐:☐☐
    h h m m

    c. AM or PM?

    AM ..... ☐
    PM ..... ☐

16. Code number of technician processing blood tubes 1, 2, 8 and 9: ☐☐☐

17. Date/time specimens from tubes 1, 2, 4, 5, 6, 7, 8 and 9 were placed in freezer:

    a. Date specimens were placed in freezer: ☐☐/☐☐/☐☐☐☐
    M M D D Y Y Y Y

    b. Time specimens were placed in freezer: ☐☐:☐☐
    h h m m

    c. AM or PM?

    AM ..... ☐
    PM ..... ☐

18. Date/time of processing specimen tube 3:

    a. Date specimen tube 3 was spun: ☐☐/☐☐/☐☐☐☐
    M M D D Y Y Y Y

    b. Time specimen tube 3 was spun: ☐☐:☐☐
    h h m m

c. AM or PM?

AM ..... ☐

PM ..... ☐

d.. Code number of technician processing blood tube 3: ☐☐☐

19. Date/time tubes 3, 10 and 11 were packaged for daily shipment out:

a. Date tubes (3, 10 and 11) were packaged for daily shipment out:

☐☐/☐☐/☐☐☐☐

M M D D Y Y Y Y

b. Time specimens were packaged for daily shipment out: ☐☐:☐☐

h h m m

c. AM or PM?

AM ..... ☐

PM ..... ☐

d. Code number of technician packaging specimens for daily shipment out: ☐☐☐

20. Any blood processing incidents or problems?

Yes ..... ☐ No ☐ FINISHED

[*Blood processing incidents: Document problems with the processing of specimens in this table. Place an "X" in box(es) corresponding to the tubes in which the processing problem(s) occurred. If a problem other than those listed occurred, use Item 21*.]

	Tube										
	1	2	3	4	5	6	7	8	9	10	11
a. Broken tube	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. Clotted	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
c. Hemolyzed	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
d. Lipemic	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
e. Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

21. Comments on blood processing or other problems in blood processing: (attach a sheet if needed)

_____

_____

_____

_____