



## INSTRUCTIONS FOR SPIROMICS-HF BLOOD COLLECTION FORM HFB, VERSION 1.0, QUESTION BY QUESTION (QxQ)

### I. GENERAL INSTRUCTIONS

The SPIROMICS-HF Blood Collection Form (HFB) is to be completed during the participant's SPIROMICS Heart Failure Ancillary Study Visit.

**Header Information:** The header information consists of key fields which uniquely identify each recorded instance of a form. For the Event field, record if this is happening at Visit 5 or another event.

0a. Date of Collection: Record the date the data was collected or abstracted. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Record the SPIROMICS staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data, please contact the GIC in order to receive your own individual staff code.

### II. DETAILED INSTRUCTIONS FOR EACH ITEM

Please answer every question on this form.

#### BLOOD COLLECTION

- Item 1. **Fasting:** Select only one option among the two possible choices.
- Select No if the participant did not fast before today's appointment.
  - Select Yes if the participant did fast before today's appointment.
- Item 2. **Last time participant ate:** Record the time the participant last ate.
- Item 3. **Time of blood collection:** Record the time of blood collection.
- Item 4. **Venipuncture attempts:** Record the number of venipuncture attempts.
- Item 5. **Blood drawing incidents or problems:** Select only one option among the two possible choices.
- Select No if there were no blood drawing incidents or problems. [Go to Q8]
  - Select Yes if there were blood drawing incidents or problems.

NOTE: If there was a blood drawing problem or incident other than those listed in 6a-6g, describe in Q7.

- Item 6a. **Sample not drawn:** Select only one option among the two possible choices.
- Select No if the sample was drawn. [Go to 6b]
  - Select Yes if the sample was not drawn.

Item 6a1. If yes, specify which tube(s) were not drawn.

- Item 6b. **Partial sample drawn:** Select only one option among the two possible choices.

- Select No if a complete sample was drawn. [Go to 6c]
- Select Yes if a partial sample was drawn.

Item 6b1. If yes, specify which tube(s) were partially drawn.

Item 6c. **Tourniquet reapplied:** Select only one option among the two possible choices.

- Select No if the tourniquet was not reapplied. [Go to 6d]
- Select Yes if the tourniquet was reapplied.

Item 6c1. If yes, specify which tube(s) were affected.

Item 6d. **Fist clenching:** Select only one option among the two possible choices.

- Select No if there was no fist clenching. [Go to 6e]
- Select Yes if there was fist clenching.

Item 6d1. If yes, specify which tubes were affected by fist clenching.

Item 6e. **Needle movement:** Select only one option among the two possible choices.

- Select No if there was no needle movement. [Go to 6f]
- Select Yes if there was needle movement.

Item 6e1. If yes, specify which tube(s) were affected by needle movement.

Item 6f. **Participant reclining:** Select only one option among the two possible choices.

- Select No if the participant was not reclining. [Go to 6g]
- Select Yes if the participant was reclining.

Item 6f1. If yes, specify which tube(s) were affected by the participant reclining.

Item 6g. **Sample re-drawn:** Select only one option among the two possible choices.

- Select No if the sample was not re-drawn. [Go to 7]
- Select Yes if the sample was re-drawn.

Item 6g1. If yes, specify which tube(s) were re-drawn.

Item 7. **Blood drawing problems not listed:** Describe any blood drawing incidents or problems (such as fasting status, etc.) not listed in 6a-6g.

Item 8. **Phlebotomist's staff code:** Enter the phlebotomist's staff code.

Save and close the form.