

 <p>LONG LIFE FAMILY STUDY</p>	<p>(Affix Label Here)</p> <p>Participant ID: _____</p> <p>Participant Name Code: _____</p>	<p>Date Form Filled Out:</p> <table style="margin: auto;"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>d</td><td>d</td><td>M</td><td>M</td><td>M</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table> <p>(e.g., 10JUN2005)</p> <p>Interviewer Code: <input type="text"/><input type="text"/><input type="text"/></p> <p>Circle Field Center Location:</p> <p>BU CU DK UP</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	d	d	M	M	M	y	y	y	y
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d	d	M	M	M	y	y	y	y												

Blood Collection Venipuncture Form

INSTRUCTIONS: Verify the participant's name and ID before beginning the interview or procedure. If a number or response is entered incorrectly, mark through the incorrect entry with an "X". Enter the correct entry clearly above the incorrect entry. Circle the correct response or clearly record the corrected value above the incorrect entry.

Special Instructions:

1. Be sure you have a frozen gel pack in the Styrofoam shipping box before leaving the Field Center.
2. Collect six (6) tubes provided in the following order (*please write the date/time of blood collection on the label of the first tube*):
 - (a) #1 - blue/black topped CPT,
 - (b) #2 - red/gray topped SST1,
 - (c) #3 - lavender topped EDTA,
 - (d) #4 - blue topped Sodium Citrate,
 - (e) #5 - red topped PAXgene,
 - (f) #6 - red/gray topped SST2
3. Be sure to hold the PAXgene tube vertically below the level of the participant's arm during collection to avoid backflow from the tube.
4. Mix all tubes immediately after blood collection by gently inverting each tube eight times.
5. Return any totally unused tubes to the lab in the shipping container.
6. Check the Saturday Delivery box on the FedEx billable stamp (air bill) for shipments sent on Friday.

Proceed with the Screening Questions on Page 2 prior to beginning the blood draw.

Phlebotomy Screening

****These phlebotomy screening questions WILL NOT be entered into the DES System****

Date: ____ / ____ / ____

ID Number: _____ Acrostic: _____

(a) Have you ever had a radical mastectomy or other surgery where lymph nodes were removed from your armpits? ¹ Yes ⁰ No

(b) Have you ever had a graft or shunt for kidney dialysis? ¹ Yes ⁰ No

(c) Do you have a history of anemia? ¹ Yes ⁰ No

- If "Yes", when were you told about this? **[Interviewer Note: The purpose of this question is to understand how long the participant has known this]** _____

- Are you treated for the anemia? ¹ Yes ⁰ No

- If "Yes", what treatment do you receive? For example, iron supplements, Vitamin B-12 shots, etc.? _____

(d) Are you currently receiving chemotherapy? ¹ Yes ⁰ No

- If "Yes", how often do you receive treatments? _____

- What was the date of your last treatment? ____ / ____ / ____

(e) Have you had surgery in the past 3 months? ¹ Yes ⁰ No

- If "Yes", what type of surgery? _____

- Did you receive any transfusions? ¹ Yes ⁰ No

- Did your doctor tell you that your blood count was low? ¹ Yes ⁰ No

- If "Yes", are you currently receiving treatment? ¹ Yes ⁰ No

- If "Yes", how are you being treated? _____

A. BLOOD DRAWING

1. Do you have any bleeding disorders?

¹Yes
⁰No

If Yes, Review Special Precautions and Specify in Q17

2. On which day did you last eat or drink anything except water: today, yesterday, or the day before yesterday?

¹Today
²Yesterday
³Before Yesterday

3. And at what time was that?

____ : ____ AM / PM (Circle One)

4. Number of venipuncture attempts: ____

5. Time venipuncture ended?

____ : ____ AM / PM (Circle One)

6. Tubes collected: (X all that apply)

¹CPT
¹SST1
¹EDTA
¹Sodium Citrate
¹PAXGene
¹SST2

7. Code number of Phlebotomist: ____

B. BLOOD PROCESSING & SHIPPING

8. Is this a local health care provider blood collection by non-LLFS staff (i.e. following the instructions of the Local Health Care Provider Blood Collection protocol in Appendix 3 of Chapter 20 of the Manual of Procedures)?

¹Yes
⁰No

Participant ID: _____

Participant Name Code: _____

9. Time at which SST1 and SST2 tubes were spun? (Allow SST tubes to clot for 30-45 minutes before centrifuging at 1200 rcf.)

____ : ____ AM / PM. (Circle One)

10. Date specimen tubes were shipped? ____ / ____ / ____
Day Month Year

11. Time specimen tubes were shipped?

____ : ____ AM / PM. (Circle One)

12. Code number of technician processing the blood: ____

C. BLOOD DRAWING INCIDENTS: This log is completed to document problems with the venipuncture. Place an "X" in the boxes corresponding to the tubes in which blood drawing problem(s) occurred. If a problem other than those listed below occurred, please indicate in Item 17 below.

		TUBES					
		CPT	SST1	EDTA	Na Citrate	PAXGene	SST2
13.	Sample Not Drawn						
14.	Partial Sample Drawn						
15.	Prolonged Tourniquet						
16.	Broken Tube						

17. Comments on blood drawing/centrifuging/shipping: _____

D. ALTERNATIVE DNA COLLECTION: This section is completed only if the Oragene collection cup is used for the DNA sample collection. The Oragene cup is used if only tubes #1 and #2 were collected or if blood collection attempts were unsuccessful.

18. If blood was not collected or insufficient blood was collected, was saliva collected in an Oragene collection cup?

¹Yes **Go to Q19**
⁰No **End Interview**

Participant ID: _____

Participant Name Code: _____

19. Was at least 2 mL of saliva collected?

- ¹Yes
⁰No

If no, estimate the volume saliva collected. _____ mL

20. Date Oragene was shipped? _____ / _____ / _____
Day Month Year

21. Time Oragene was shipped?

_____ : _____ AM / PM (Circle One)
