



(Affix Label Here)

Participant ID: _____

Participant Name Code: _____

Date Form Filled Out:

d d M M M y y y y
(e.g., 10JUN2005)

Interviewer Code:

Circle Field Center Location:

BU CU DK UP

Circle Visit: ¹Visit 1 ³Visit 2 ⁴Visit 2 (New Participant)

Form Version Date: 17/06/2015

Blood Collection, Visit 2 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 seven (7) tubes provided in the following order:
 - (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,
 - (g) #7 - red/gray topped SST3
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 unused, unpunctured 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? _____

Q0. What type of sample was collected?

- ¹.....Blood **Go to Q1**
- ².....Saliva **Go to Q18**
- ³.....Both **Go to Q1**
- ⁴.....None **End Form**

A. BLOOD DRAWING

Q1. Do you have any bleeding disorders?

- ¹Yes **If Yes, Review Special Precautions and Specify in Q17**
- ⁰No

Q2. On which day did you last eat or drink anything except water: today, yesterday, or the day before yesterday?

- ¹Today
- ²Yesterday
- ³Before Yesterday

Q3. And at what time was that? ____ : ____ AM / PM (Circle One)

Q4. Number of venipuncture attempts: ____

Q5. Time venipuncture ended? ____ : ____ AM / PM (Circle One)

Q6. Tubes collected: (X all that apply)

- ¹CPT
- ¹SST1
- ¹EDTA
- ¹Sodium Citrate
- ¹PAXGene
- ¹SST2
- ¹SST3

Q6a. Was a phantom blood tube collected?

- ¹Yes
- ⁰No **Go to Q7**

Participant ID: _____

Participant Name Code: _____

Q6b. Enter Phantom ID: ____ _

Q6c. Which phantom blood tube was collected?

- 2Serum
- 3EDTA plasma
- 4Sodium Citrate
- 5PAXGene

Q7. Code number of Phlebotomist: _____

B. BLOOD PROCESSING & SHIPPING

Q8. 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 7 of the Manual of Procedures)?

- 1Yes
- 0No

Q9. Time at which SST1, SST2 and SST3 tubes were spun? (Allow SST tubes to clot for 30-45 minutes before centrifuging at 1200 rcf.)

_____ : _____ AM / PM. (Circle One)

Q10. Date specimen tubes were shipped? _____ / _____ / _____
Day Month Year

Q11. Time specimen tubes were shipped?

_____ : _____ AM / PM. (Circle One)

Q12. Code number of technician processing the blood: _____

Participant ID: _____

Participant Name Code: _____

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	SST3
Q13.	Sample Not Drawn							
Q14.	Partial Sample Drawn							
Q15.	Prolonged Tourniquet							
Q16.	Broken Tube							

Q17. Comments on blood drawing/centrifuging/shipping: _____

Participant ID: _____

Participant Name Code: _____

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.

Q18. If blood was not collected or insufficient blood was collected, was saliva collected in an Oragene collection cup?

- ¹Yes
- ⁰No

Go to Q19
End Interview

Q19. Was at least 2 mL of saliva collected?

- ¹Yes
- ⁰No

If no, estimate the volume saliva collected. _____ mL

Q20. Date Oragene was shipped? _____ / _____ / _____
Day Month Year

Q21. Time Oragene was shipped?

_____ : _____ AM / PM (Circle One)



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Blood Collection Shipping Form

This form is used to accompany specimens drawn for a single subject and shipped to the LLFS Central Laboratory for analysis. Please refer to the LLFS MOP for detailed instruction. Include this form in the kit with each participant's blood specimens.

Use enclosed FedEx billable stamp to ship on the day of specimen collection (do not ship on days that precede federal holidays) to:

**LLFS Central Laboratory
University of Minnesota-ARDL
1200 Washington Ave S Ste 175
Minneapolis, MN 55415
612-625-5040**

Blood Collection

Date: day ___ / month ___ / 20 year ___ Time: 12-hr format ___:___ AM / PM Interviewer code: _____

Has it been > 8 hours since the participant last ate/drank anything (other than water)? No Yes

Place an 'X' in each checkbox to indicate the tube was **shipped**.

- Tube #1 - blue/black topped CPT
- Tube #2 - red/gray topped SST1
- Tube #3 - lavender topped EDTA
- Tube #4 - blue topped Sodium Citrate
- Tube #5 - red topped PAXgene
- Tube #6 - red/gray topped SST2
- Tube #7 - red/gray topped SST3
- Oragene – DNA collection (collect and ship only when tubes #1 and #2 are the only blood tubes obtained)

Specimen collection comments: