



PVDOMICS STUDY

Center Blood Collection 1 – Drawing Samples Form #300

Instructions: Person collecting blood should be familiar with MOP Chapter 33. The study coordinator will provide the study participant identification number and alphacode. If Collection 1 will never be done, explain why in Q4.

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1. Identification Number

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2. Alphacode

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3. Date of collection (mm/dd/yyyy)

4. a. Status of Blood Collection 1

(1=Done, 2=Not done, attempted, but unsuccessful, 3=Not done, site logistical issues).....

b. If not done, briefly explain why, and then skip to Q 200.

5. Username of person drawing blood.....

6. a. Did participant fast before this blood draw? (0=No, 1=Yes)

Note: Only water is OK

b. If yes, number of hour(s) participant fasted? (round to the nearest half hour).....

7. How long did participant rest prior to blood draw (minutes).....

8. Which arm was used for blood collection? (1=Right, 2=Left, 3=Other access).....

9. If Q.8=1 or 2, how many attempts did it take?

10. Were all Vacutainer™ blood tubes collected in the order as it states in

MOP Chapter 33? (0=No, 1=Yes)

Type of Tube(s)	11. Was this blood tube collected (0=No, 1=Yes)	12. Collection Time (24-hr clock) (hh:mm)
a. Gold Top SST 5 ml	___	___ : ___
b. Gold Top SST 5 ml	___	___ : ___
c. Green Top NA-Heparin 4 ml	___	___ : ___
d. Lavender Top EDTA Plasma 4 ml	___	___ : ___
e. Blue Top NA-Citrate 4.5 ml	___	___ : ___
f. Lavender Top EDTA Plasma 10 ml	___	___ : ___

13. Time tubes were delivered to lab (24-hr clock) (hh:mm) ____ ____: ____ ____

14. Were any issues experienced during the blood draw? (0=No, 1=Yes).....____

Comments:

200. Date form completed (mm/dd/yyyy) ____ ____/____ ____/____ ____

201. Username of person completing/reviewing completeness of this form ____ ____

Clinical Center Use Only

Date form entered (mm/dd/yyyy) ____ ____/____ ____/____ ____

Username of person entering this form ____ ____