



Exam 6 Home Visit:

Participant ID #: Acrostic: Phlebotomist ID: Date: / /
Month Day Year

QC ID:

Urine / Phlebotomy

PARTICIPANT QUESTIONS

	Yes	No	Don't know
1. Do you bleed or bruise easily?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have you ever been told you have a disorder relating to blood clotting or coagulation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Have you ever experienced fainting spells while having blood drawn?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you have diabetes for which you take insulin or oral hypoglycemics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROCEDURE

5. Time at start of venipuncture: : ☐ AM
Hr Min ☐ PM

6. Was any blood drawn?

- ☐ Yes, full sample
☐ Yes, partial sample
☐ No, refused
☐ No, hard to stick
☐ No, other:

7. Elapsed time until
tourniquet released: seconds
(120-seconds optimum)

8. Time at end of
venipuncture: : ☐ AM
Hr Min ☐ PM

9. Quality of venipuncture: ☐ Traumatic ☐ Clean



Mark all that apply

<input type="checkbox"/> Vein collapsed	<input type="checkbox"/> Excessive duration of draw	<input type="checkbox"/> Vein hard to get at
<input type="checkbox"/> Hematoma	<input type="checkbox"/> Multiple sticks	<input type="checkbox"/> Leakage at venipuncture site



Exam 6 Home Visit:

Urine / Phlebotomy

If tube is not full, but is at least half full, please indicate "Partial" and enter the volume to the nearest mL.

10. Blood volume per tube:

Filled

Specify
volume (mL):
min 1/2 full

Exam 6:

Yes

No

Partial

a. Serum 10 mL

☐☐☐

b. EDTA 10 mL

☐☐☐

c. CPT 8 mL

☐☐☐

d. CPT 8 mL

☐☐☐

e. Serum 10 mL

☐☐☐

f. EDTA 10 mL

☐☐☐

g. CPT 8 mL

☐☐☐

h. CPT 8 mL

☐☐☐

i. EDTA CBC/Diff 4 mL

☐☐☐

j. Paxgene 2.5 mL

☐☐☐

11. Participant selected as a quality control subject?

☐ NO

☐ YES

☐ YES, but not enough
blood for QC

Comments: _____
