



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
☐ PM
Hr Min

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
☐ PM
Hr Min

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 |



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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 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| b. EDTA 10 mL | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| c. Serum 5 mL | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| d. Heparin 10 mL | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| e. Serum 10 mL | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| f. EDTA 10 mL | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| g. Paxgene 2.5 mL | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |

11. Participant selected as a quality control subject?

- ☐ NO
- ☐ YES
- ☐ YES, but not enough
blood for QC

Comments: _____
