

**Multi-Ethnic Study of Atherosclerosis  
Exam 3**



**Phlebotomy Completion**

**Participant Id#:**

**Acrostic:**

**phlbd3**

**Date:**   /   /

Month                      Day                      Year

**PARTICIPANT QUESTIONS**

	Yes	No	Don't Know
1 Do you bleed or bruise easily? <b>bldeasy3</b>	<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? <b>coagdis3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Have you ever experienced fainting spells while having blood drawn? <b>faint3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Do you have diabetes for which you take insulin or oral hypoglycemics? <b>diabins3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 How long ago did you last eat or drink anything other than water? <input type="text"/> <input type="text"/> hours <b>lastdrk3</b>			

**PROCEDURE**

<p>6 Time at start of venipuncture: <input type="text"/> <input type="text"/> : <b>phsttm3</b> M</p> <p>7 Was any blood drawn? <b>bldrawn3</b></p> <p><input type="radio"/> Yes, full sample</p> <p><input type="radio"/> Yes, partial sample</p> <p><input type="radio"/> No, refused</p> <p><input type="radio"/> No, hard to stick</p> <p><input type="radio"/> No, other: <input type="text"/> <b>bldrtxt3</b></p> <p>8 Elapsed time until tourniquet released: <input type="text"/> <input type="text"/> <input type="text"/> seconds <b>trnqsec3</b> (120-seconds optimum)</p> <p>9 Time at end of venipuncture: <input type="text"/> <input type="text"/> : <b>phendtm3</b> <input type="text"/> M</p> <p>10 Quality of venipuncture: <b>qlvnpct3</b></p> <p style="text-align: center;"><input type="radio"/> Traumatic    <input type="radio"/> Clean</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p><i>Mark all that apply</i></p> <table border="0" style="width: 100%;"> <tr> <td><input type="radio"/> Vein collapsed <b>vncips3</b></td> <td><input type="radio"/> Multiple sticks <b>multstk3</b></td> </tr> <tr> <td><input type="radio"/> Hematoma <b>hematom3</b></td> <td><input type="radio"/> Vein hard to get <b>hrdget3</b></td> </tr> <tr> <td><input type="radio"/> Excessive duration of draw <b>exdur3</b></td> <td><input type="radio"/> Leakage at venipuncture site <b>leakage3</b></td> </tr> </table> </div>	<input type="radio"/> Vein collapsed <b>vncips3</b>	<input type="radio"/> Multiple sticks <b>multstk3</b>	<input type="radio"/> Hematoma <b>hematom3</b>	<input type="radio"/> Vein hard to get <b>hrdget3</b>	<input type="radio"/> Excessive duration of draw <b>exdur3</b>	<input type="radio"/> Leakage at venipuncture site <b>leakage3</b>	<p>11 Blood Volume per tube: <b>Filled</b>    <b>Other (specify volume):</b> <i>min 1/2 full</i></p> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Partial</th> <th></th> </tr> </thead> <tbody> <tr> <td><b>edt1fil3</b> EDTA 10 mL</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="border: 1px solid black; text-align: center;"><b>edt1oth3</b></td> </tr> <tr> <td><b>ser1fil3</b> Serum 10 mL</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="border: 1px solid black; text-align: center;"><b>ser1oth3</b></td> </tr> <tr> <td><b>citrfil3</b> Citrate 4.5 mL</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="border: 1px solid black; text-align: center;"><b>citroth3</b></td> </tr> <tr> <td><b>edt2fil3</b> EDTA 10 mL</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="border: 1px solid black; text-align: center;"><b>edt2oth3</b></td> </tr> <tr> <td><b>ser2fil3</b> Serum 10 mL</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="border: 1px solid black; text-align: center;"><b>ser2oth3</b></td> </tr> <tr> <td><b>scatfil3</b> SCAT-I 5 mL</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="border: 1px solid black; text-align: center;"><b>scatoth3</b></td> </tr> </tbody> </table> <p>12 Urine collection: <b>min 5 mL</b></p> <p>Urine cup <input type="radio"/> <input type="radio"/> <b>urinfil3</b> <span style="border: 1px solid black; padding: 2px;"><b>urinoth3</b></span></p> <p>13 Has participant been selected as a quality control subject? <i>(Participant ID ends in 6 or 7)</i></p> <p><input type="radio"/> NO <b>phlbcqc3</b></p> <p><input type="radio"/> YES</p> <p><input type="radio"/> YES, but not enough blood for QC</p>		Yes	No	Partial		<b>edt1fil3</b> EDTA 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>edt1oth3</b>	<b>ser1fil3</b> Serum 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>ser1oth3</b>	<b>citrfil3</b> Citrate 4.5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>citroth3</b>	<b>edt2fil3</b> EDTA 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>edt2oth3</b>	<b>ser2fil3</b> Serum 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>ser2oth3</b>	<b>scatfil3</b> SCAT-I 5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>scatoth3</b>
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**Comments:** \_\_\_\_\_

For MESA Field Center use only:	Phlebotomist ID <input type="text"/> <input type="text"/> <b>phlbtid3</b>	Reviewer ID <input type="text"/> <input type="text"/> <b>phlbrid3</b>	Data Entry ID <input type="text"/> <input type="text"/> <input type="text"/> <b>phlbdid3</b>
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