

**Multi-Ethnic Study of Atherosclerosis  
Exam 4**



**Phlebotomy Completion**

**Participant Id#:**

**Acrostic:**

**Date:**   /   /      
 Month Day Year

**PARTICIPANT QUESTIONS**

- |  |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|
|  | <b>Yes</b>            | <b>No</b>             | <b>Don't Know</b>     |
| <b>1</b> Do you bleed or bruise easily?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>2</b> Have you ever been told you have a disorder relating to blood clotting or coagulation?                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>3</b> Have you ever experienced fainting spells while having blood drawn?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>4</b> Do you have diabetes for which you take insulin or oral hypoglycemics?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>5</b> How long ago did you last eat or drink anything other than water? <input type="text"/> <input type="text"/> hours |                       |                       |                       |

**PROCEDURE**

**6** Time at start of venipuncture:   :    M

**7** Was any blood drawn?

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

**8** Elapsed time until tourniquet released:    seconds  
*(120-seconds optimum)*

**9** Time at end of venipuncture:   :    M

**10** Quality of venipuncture:  Traumatic  Clean

*Mark all that apply*

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

**11** Blood Volume per tube:

	Filled			Other (specify volume): <i>min 1/2 full</i>
	Yes	No	Partial	
1. EDTA 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
2. Serum 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
3. Citrate 4.5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
4. EDTA 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
5. Serum 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6. SCAT-I 5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**12** Has participant been selected for MESA Inflammation?

Yes  No  → **Skip to #13**

7. Heparin 10 mL

8. Heparin 7 mL

10. K<sub>3</sub> EDTA 3 mL

**13** Has participant been selected for a MESA Air 5mL sample?

Yes  No  → **Skip to #14**

9. EDTA 5 mL

**14** Has participant been selected as a quality control subject? *(Participant ID ends in 2 or 3)*

NO  YES, but not enough blood for QC  
 YES  YES, but also selected for MESA Inflammation; QC not done

**Comments:** \_\_\_\_\_

For MESA Field Center use only: Phlebotomist ID    Reviewer ID    Data Entry ID