

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. Was urine sample filled?

Yes → Skip to #6

No →

Partial  
 ↳  mL

Why was urine sample not taken?

- Participant unable to void
- Refused
- Other:

6. Time at start of venipuncture:  :   AM  
 PM  
 Hr Min

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:  :   AM  
 PM  
 Hr Min

## Urine / Phlebotomy

10. Quality of venipuncture:  Traumatic  Clean



<i>Mark all that apply</i>	<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

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

Exam 6:	Filled			Specify volume (mL): <i>min 1/2 full</i>	
	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"/>	<i>Include if consented to TS MRI</i>
d. Heparin 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<i>Include if consented to TS MRI</i>
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"/>	
h. EDTA CBC/Diff 4 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<i>Include if consented to contrast Lung CT</i>
<b>VitD 6a:</b>					
i. Serum 7.5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<i>Include if consented to vitD study</i>
j. Paxgene 2.5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<i>Include if consented to vitD study</i>

## Urine / Phlebotomy

12. Participant selected as a quality control subject?

*(Blood)*

NO

YES

YES, but not enough  
blood for QC

*(Urine)*

NO

YES

YES, but not enough  
urine for QC

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