



PARTICIPANT QUESTIONS

- | | Yes | No | Don't Know |
|--|-----------------------|-----------------------|-----------------------|
| 1 Do you bleed or bruise easily? BLDEASY1 | <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? COAGDIS1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 Have you ever experienced fainting spells while having blood drawn? FAINT1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 Do you have diabetes for which you take insulin or oral hypoglycemics? DIABINS1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 How long ago did you last eat or drink anything other than water? LASTDRK1 hours | | | |

PROCEDURE

<p>6 Time at start of venipuncture: PHSTTM1 M</p> <p>7 Was any blood drawn? BLDRAWN1</p> <p>1 <input type="radio"/> Yes, full sample</p> <p>2 <input type="radio"/> Yes, partial sample</p> <p>3 <input type="radio"/> No, refused</p> <p>4 <input type="radio"/> No, hard to stick</p> <p>5 <input type="radio"/> No, other: BLDRTXT1</p> <p>8 Elapsed time until tourniquet released: TRNQSEC1 seconds <small>(120-seconds optimum)</small></p> <p>9 Time at end of venipuncture: PHENDTM1 M</p> <p>10 Quality of venipuncture: 1 <input type="radio"/> Traumatic 2 <input type="radio"/> Clean QLVNPCT1</p> <p>Mark all that apply</p> <table border="0"> <tr> <td><input type="radio"/> Vein collapsed VNCLPS1</td> <td><input type="radio"/> Multiple sticks MULTSTK1</td> </tr> <tr> <td><input type="radio"/> Hematoma HEMATOM1</td> <td><input type="radio"/> Vein hard to get HRDGET1</td> </tr> <tr> <td><input type="radio"/> Excessive duration of draw EXDURI</td> <td><input type="radio"/> Leakage at venipuncture site LEAKAGE1</td> </tr> </table>	<input type="radio"/> Vein collapsed VNCLPS1	<input type="radio"/> Multiple sticks MULTSTK1	<input type="radio"/> Hematoma HEMATOM1	<input type="radio"/> Vein hard to get HRDGET1	<input type="radio"/> Excessive duration of draw EXDURI	<input type="radio"/> Leakage at venipuncture site LEAKAGE1	<p>11 Blood Volume Filled Other (specify volume): <small>per tube: Yes No Partial min 1/2 full</small></p> <p>1. EDTA 10 mL <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial EDT1OTH1 EDT1FIL1</p> <p>2. Serum 10 mL <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial SER1OTH1 SER1FIL1</p> <p>3. CPT 8 mL <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial CPT1OTH1 CPT1FIL1</p> <p>4. SCAT-I 5 mL <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial SCATOTH1 SCATFIL1</p> <p>5. Citrate 4.5 mL <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial CITROTH1 CITRFIL1</p> <p>6. EDTA 10 mL <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial EDT2OTH1 EDT2FIL1</p> <p>7. Serum 10 mL <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial SER2OTH1 SER2FIL1</p> <p>8. CPT 8 mL <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial CPT2OTH1 CPT2FIL1</p> <p>12 Urine collection: <small>min 25 mL</small> URINOTH1</p> <p>Urine cup <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial URINFIL1</p> <p>13 Has participant been selected as a quality control subject? <small>(Participant ID ends in 4 or 5)</small> PHLBCQC1</p> <p>0 <input type="radio"/> NO</p> <p>1 <input type="radio"/> YES</p> <p>2 <input type="radio"/> YES, but not enough blood for QC</p>
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Comments: _____