OMB#: 0925-0584
Exp. 08/31/2017

BIOSPECIMEN COLLECTION FORM

PARTICIPANT ID #
FORM CODE: BIO VERSION: 2, 7/01/2015 Contact Occasion 02 SEQ # 01 0a. LAB ID#

Instructions: *This form should be completed during the participant's visit. Affix the participant ID label and the Lab ID label above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. Use a 24-hour clock for time (e.g. noon=12:00, 1pm=13:00)*

A. **Safety Questions**:

1. Have you ever had a radical mastectomy or other surgery where lymph nodes were removed from your armpits?
¿Ha tenido una mastectomía radical o alguna otra cirugía que le haya removido ganglios linfáticos en sus axilas (debajo de su brazo)? ☐0 No ☐1 Yes **If Yes, specify in Q15 and follow precautions per QxQ instructions**

2. Do you have any bleeding disorders? ☐0 No ☐1 Yes **If Yes, specify in Q15; follow precautions per QxQ**
¿Tiene problemas de coagulación de la sangre?

3. Have you ever had a graft or shunt for kidney dialysis?
¿Le han hecho algún injerto o shunt arterial como vía para diálisis de los riñones?
☐0 No ☐1 Yes **If Yes, specify in Q15; exclude from OGTT and follow precautions per QxQ**

4. Confirm/ask per Safety Form: Has diabetes ¿Tiene diabetes? ☐0 No ☐1 Yes **If Yes, exclude from OGTT; go to Q6**

5. Have you had part of your stomach or intestines removed? ☐0 No ☐1 Yes **If Yes, exclude from OGTT; go to Q6**
¿Le han removido parte de su estómago o intestinos?

6. Glucose meter reading ☐☐☐ **If 150 mg/dL or higher exclude from OGTT; if 200 mg/dL or higher also go to Q6a, 6b**

   6a. Hyperglycemia symptoms ☐0 No ☐1 Yes **If symptoms present refer for urgent care**

   6b. Ketone dipstick ☐1 Not Applicable ☐2 Negative ☐3 Positive **If Positive refer for urgent care**

B. Fasting Blood Collection Information:

7. On which day did you last eat or drink anything except water: today, yesterday, or the day before yesterday?
☐1 Today ..... ☐2 Yesterday ☐3 Before Yesterday

8. And at what time was that? ☐☐ : ☐☐ **If fasting is less than 8 hrs, exclude from OGTT**
h h : m m **(24-hour)**

C. Blood Collection:

9. Date of blood collection: ☐☐/☐☐/☐☐☐☐ m m / d d / y y y y

10. Collection time: ☐☐ : ☐☐ h h : m m **(24-hour)**

11. Was fasting blood collected before the glucola/snack? ☐0 No ☐1 Yes

12. Number of venipuncture attempts: ☐

13. Any blood drawing incidents or problems? ..... ☐0 No ☐1 Yes **If Yes, specify in Q14 and/or Q15**

14. Blood drawing incidents: Document problems with venipuncture in this table. Place an "X" in box(es) corresponding to the tubes in which the blood drawing problem(s) occurred. If a problem other than those listed occurred, use Item 15.

Tube Number	1	2	3	4	5	6	7	8
a. Sample not drawn	☐	☐	☐	☐	☐	☐	☐	☐
b. Partial sample drawn	☐	☐	☐	☐	☐	☐	☐	☐
c. Tourniquet reapplied	☐	☐	☐	☐	☐	☐	☐	☐
d. Fist clenching	☐	☐	☐	☐	☐	☐	☐	☐
e. Needle movement	☐	☐	☐	☐	☐	☐	☐	☐
f. Participant reclining	☐	☐	☐	☐	☐	☐	☐	☐

15. If any other blood drawing problems not listed above (e.g., fasting status, etc.), describe incident, problem, or issue here:

_____

_____

16. Phlebotomist's code number: ☐☐☐

D. Blood Processing:

17. Time at which tubes 5 - 7 were centrifuged: ☐☐ : ☐☐
h h : m m **(24-hour)**

18. Time at which tubes 1 - 3 were centrifuged: ☐☐ : ☐☐
h h : m m **(24-hour)**

19. Time at which aliquot tray 1 vials were placed in freezer: ☐☐ : ☐☐
h h : m m **(24-hour)**

20. Blood Processor's code number: ☐☐☐

21. Any blood processing incidents or problems? ☐ 0 No ☐ 1 Yes **If yes, specify in Q22 and/or Q23**

22. Blood processing incidents: Document problems with the processing of specimens in this table. Place an "X" in box(es) corresponding to tubes in which the processing problem(s) occurred. If a problem other than those listed occurred, use Item 23.

	Tube Number							
	1	2	3	4	5	6	7	8
a. Broken tube	☐	☐	☐	☐	☐	☐	☐	☐
b. Sample re-centrifuged	☐	☐	☐	☐	☐	☐	☐	☐
c. Clotted	☐	☐	☐	☐	☐	☐	☐	☐
d. Hemolyzed	☐	☐	☐	☐	☐	☐	☐	☐
e. Lipemic	☐	☐	☐	☐	☐	☐	☐	☐

23. Comments on blood processing, urine collection/processing, and OGTT:

_____

_____

24. Was a post-glucola sample (tube 8) collected?: ☐ 0 No **If no, Go to Q28** ☐ 1 Yes

25. Time glucola given: ☐☐ : ☐☐
h h : m m **(24-hour)**

26. Time of collection of post-glucola samples: ☐☐ : ☐☐
h h : m m **(24-hour)**

27. Blood Processor's code number for post-glucose load samples: ☐☐☐

E. Urine Sample

28. Was a urine sample collected? ☐ 0 No **If no, End** ☐ 1 Yes

29. Date of urine sample: ☐☐/☐☐/☐☐☐☐
m m / d d / y y y y

30. Time urine sample collected: ☐☐ : ☐☐ **(24-hour)**
h h : m m

31. Time urine sample was processed: ☐☐ : ☐☐
h h : m m **(24-hour)**

32. Urine processor's code #: ☐☐☐