BIOSPECIMEN COLLECTION FORM

PARTICIPANT ID NUMBER:								LAB ID#	

FORM CODE: BIO
VERSION: A 12/18/07   Contact Occasion | 0 | 1 | SEQ # | 0 | 1 |

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.*

A. Safety Questions:

1. Have you ever had a radical mastectomy or other surgery where lymph nodes were removed from your armpits?
   □[1] Yes □[0] No   **If Yes, specify in Q15 and follow precautions per QxQ instructions**

2. Do you have any bleeding disorders? □[1] Yes □[0] No **If Yes, specify in Q15; follow precautions per QxQ instructions**

3. Have you ever had a graft or shunt for kidney dialysis?
   □[1] Yes □[0] No **If Yes, specify in Q15; exclude from OGTT and follow precautions per QxQ instructions**

4. Confirm/ask per Safety Form: Has diabetes □[1] Yes □[0] No **If Yes, exclude from OGTT; go to Q7**

5. Have you had part of your stomach or intestines removed ? □[1] Yes □[0] No **If Yes, exclude from OGTT; go to Q7**

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

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

   6b. 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? □□ : □□ A.M / P.M. **If fasting is less than 8 hrs, exclude from OGTT**
   h h : m m **(Circle One)**

C. Blood Collection:

9. Date of blood collection: □□/□□/□□□□ 10. Collection time: □□ : □□ A.M / P.M.
   m m / d d / y y y y h h : m m **(Circle One)**

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

12. Number of venipuncture attempts: □

13. Any blood drawing incidents or problems?................. □[1] Yes □[0] No **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 14.

	Tube									
	1	2	3	4	5	6	7	8	9	10
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 or problem here:

_____

_____

16. Phlebotomist's code number: ☐☐☐

D. Blood Processing:

17. Time at which tubes 4 - 7 were centrifuged: ☐☐ : ☐☐   A.M / P.M.
  h h   : m m   **(Circle One)**

18. Time at which tubes 1-2 were centrifuged: ☐☐ : ☐☐   A.M / P.M.
  h h   : m m   **(Circle One)**

19. Time at which aliquot tray 1 vials were placed in freezer: ☐☐ : ☐☐   A.M / P.M.
  h h   : m m   **(Circle One)**

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

21. Any blood processing incidents or problems?   ☐¹ Yes   ☐⁰ No   **If yes, specify in Q21 and/or Q22**

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 22.

Tube Number

	1	2	3	4	5	6	7	8	9	10
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 collected?:   ☐¹ Yes   ☐⁰ No

25. Time glucola given: ☐☐ : ☐☐   A.M. / P.M.
  h h   : m m   **(Circle One)**

26. Time of collection of post-glucola samples: ☐☐ : ☐☐   A.M. / P.M.
  h h   : m m   **(Circle One)**

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

E. Urine Sample

28. Was a urine sample collected?   ☐¹ Yes   ☐⁰ No

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

30. Time urine sample collected: ☐☐ : ☐☐   A.M. / P.M.)
  h h : m m   **(Circle One)**

31. Time urine sample was processed: ☐☐ : ☐☐   A.M. / P.M.
  h h   : m m   **(Circle One)**

32. Urine processor's code #: ☐☐☐