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

## BIOSPECIMEN COLLECTION FORM

PARTICIPANT ID #: 0a. LAB ID#													
	M CODE: BIO		Contact	Occasi	on 0	2	SEQ ;	# O	1				
<u>Instructions:</u> 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.	¿Ha tenido una mastectomía radical o alguna otra cirugía que le haya removido ganglios linfáticos en sus axilas (debajo de su brazo)?   [If Yes, specify in Q15 and follow precautions per QxQ instructions]  [If Yes, specify in Q15 and follow precautions per QxQ instructions]												
2.	Do you have any bleeding disorders? $\square^0$ No $\square^1$ Yes If Yes, specify in Q15; follow precautions per QxQ $\mathring{\iota}$ 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?												
$\square^0$ No $\square^1$ Yes If Yes, specify in Q15; exclude from OGTT and follow precautions per QxQ													
4.	Confirm/ask per Safety Form: Has diabetes ¿Tiene diabetes? $\square^0$ No $\square^1$ Yes If Yes, exclude from OGTT; go to Q6												
5.	Have you had part of your stomach or intestines removed? $\square^0$ No $\square^1$ Yes <b>If Yes, exclude from OGTT; go to Q6</b> ¿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 $\square^0$ No $\square^1$ Yes <b>If symptoms present refer for urgent care</b>												
	6b. Ketone dipstick $\square^1$ Not Applicable $\square^2$ Negative $\square^3$ Positive <b>If Positive refer for urgent care</b>												
B.	<b>Fasting Blood</b>	Collec	ction In	nforma	tion:								
7.													
8.	And at what time was that?  If fasting is less than 8 hrs, exclude from OGTT  h h : m m (24-hour)												
C.	<b>Blood Collection</b>	on:		_						/			
9.	Date of blood c	ollecti	ion:	m n	/_ n / d	_ d	/ <u>                                     </u>	у у		10. Co	ollection time:	h h : m m (24-hour)	
11.	Was fasting blo	od col	llected	before	the glu	cola/s	nack?		] <sup>0</sup> No	o $\square^1$ Ye	es		
12.	Number of veni	punct	ure atte	mpts:									
13. Any blood drawing incidents or problems? $\square^0$ No $\square^1$ Yes <b>If Yes, specify in Q14 and/or Q15</b>													
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													

PARTICIPANT ID NUMBER:								FORM CODE: BIO VERSION: 2, 7/01/2015	Contact Occasion	0	2 SEQ#	0 1	
15.	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.	<b>Blood Processing:</b>												
	Time at which tubes 5 - 7 we	ere ce	entri	ifuge	ed:	h ł	] n	: [	m m (24-hour)				
18.	8. Time at which tubes 1 - 3 were centrifuged:  h h : m m (24-hour)												
19.	19. Time at which aliquot tray 1 vials were placed in freezer:  h h : m m (24-hour)												
20.	Blood Processor's code num	iber:											
21.	21. Any blood processing incidents or problems? $\square^0$ No $\square^1$ Yes If yes, specify in Q22 and/or Q23												
22.	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												
	<ul><li>a. Broken tube</li><li>b. Sample re-centrifuge</li><li>c. Clotted</li><li>d. Hemolyzed</li><li>e. Lipemic</li></ul>	d					3	[] [] []	4 5 6	7	8		
23.	Comments on blood process	ing, 1	urin	e col	llection	/proc	essi	ng, a	and OGTT:				
	Was a post-glucola sample (	tube	8) c	colle	cted?:		0 No	<u>[</u>	If no, Go to Q28	] ¹ Yes			
		h			m	(24	-hou	ır)		1			
	5. Time of collection of post-glucola samples:  h h : m m (24-hour)  7. Blood Processor's code number for post-glucose load samples:												
21.	Dioda i rocessor s code nun	1001 1	.O1	<i>,</i>	gracosc	1040	ı sanı	ipic	··				
<b>E.</b> 28.	Urine Sample Was a urine sample collected	d?		] 0	No []	lf no	, En	d	□¹ Yes				
29.	Date of urine sample: m m	// d	d	/[/	ууу	у у							
30.	Time urine sample collected	_	][ h	] : : m	m m	] (	24-h	our)	)				
31.	Time urine sample was proc	essec	1:	_		h	h	]:	: m m (24-hour)				
32.	Urine processor's code #:												