### Multi-Ethnic Study of Atherosclerosis

**Urine / Phlebotomy**

#### PARTICIPANT QUESTIONS

1. Do you bleed or bruise easily?  
2. Have you ever been told you have a disorder relating to blood clotting or coagulation?  
3. Have you ever experienced fainting spells while having blood drawn?  
4. Do you have diabetes for which you take insulin or oral hypoglycemics?

#### PROCEDURE

**Blood Draw Type 3 Configuration**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Filled</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Was urine sample filled?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Time at start of venipuncture:</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Was any blood drawn?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Elapsed time until tourniquet released:</td>
<td>seconds</td>
<td>(120-seconds optimum)</td>
</tr>
<tr>
<td>9</td>
<td>Time at end of venipuncture:</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Quality of venipuncture:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Comments:

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**Phlebotomist ID:**

**Date:**

**QC Id#:**

**Other (specify volume):**

**Elastosclerosis**

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**Date:**

**Phlebotomist ID:**

**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