PARTICIPANT QUESTIONS

1. Do you bleed or bruise easily?  
   - Yes  
   - No  
   - Don’t know

2. Have you ever been told you have a disorder relating to blood clotting or coagulation?  
   - Yes  
   - No  
   - Don’t know

3. Have you ever experienced fainting spells while having blood drawn?  
   - Yes  
   - No  
   - Don’t know

4. Do you have diabetes for which you take insulin or oral hypoglycemics?  
   - Yes  
   - No  
   - Don’t know

PROCEDURE

5. Was urine sample filled?  
   - Yes  
   - No  
   - Partial

   Why was urine sample not taken?  
   - Participant unable to void  
   - Refused  
   - Other: 

   mL

6. Time at start of venipuncture:  
   Hr  Min  AM  PM

7. Was any blood drawn?  
   - Yes, full sample  
   - Yes, partial sample  
   - No, refused  
   - No, hard to stick  
   - No, other: 

8. Elapsed time until tourniquet released:  
   seconds  
   (120-seconds optimum)

9. Time at end of venipuncture:  
   Hr  Min  AM  PM
10. Quality of venipuncture: O Traumatic O Clean

Mark all that apply
☐ Vein collapsed ☐ Excessive duration of draw ☐ Vein hard to get at
☐ Hematoma ☐ Multiple sticks ☐ Leakage at venipuncture site

If tube is not full, but is at least half full, please indicate “Partial” and enter the volume to the nearest mL.

11. Blood volume per tube:

Exam 6A:

<table>
<thead>
<tr>
<th></th>
<th>Filled</th>
<th>Specify volume (mL): min 1/2 full</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>a. Serum 7.5 mL</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b. Paxgene 2.5 mL</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

Comments: 
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________