

Participant ID #:
 Acrostic:

Phlebotomist ID:
 Date: / /
 Month Day Year

QC ID:

Urine / Phlebotomy

PARTICIPANT QUESTIONS

	Yes	No	Don't know
1. Do you bleed or bruise easily?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have you ever been told you have a disorder relating to blood clotting or coagulation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Have you ever experienced fainting spells while having blood drawn?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you have diabetes for which you take insulin or oral hypoglycemics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROCEDURE

5. Was urine sample filled?

Yes → Skip to #6

No →

Partial
 ↳ mL

Why was urine sample not taken?

- Participant unable to void
- Refused
- Other:

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

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: : AM
 PM
 Hr Min

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10. Quality of venipuncture: Traumatic Clean



<i>Mark all that apply</i>	<input type="checkbox"/> Vein collapsed	<input type="checkbox"/> Excessive duration of draw	<input type="checkbox"/> Vein hard to get at
	<input type="checkbox"/> Hematoma	<input type="checkbox"/> Multiple sticks	<input type="checkbox"/> 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.

Exam 6:	Filled			Specify volume (mL): <i>min 1/2 full</i>	
	Yes	No	Partial		
a. Serum 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	
b. EDTA 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	
c. CPT 8 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	
d. CPT 8 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	
e. EDTA 6 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	
f. Serum 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	
g. EDTA 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	
h. CPT 8 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	
i. CPT 8 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	
j. EDTA CBC/Diff 4 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	
k. Paxgene 2.5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	
<i>VitD 6a:</i>					
l. Serum 7.5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<i>Include if consented to vitD study</i>
m. Paxgene 2.5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<i>Include if consented to vitD study</i>

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12. 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

Comments: _____
