

ENRGISE PILOT STUDY: LAB COLLECTION – IL-6 & REPOSITORY

Visit Date Completed / /

Staff ID

Rev: _____

DE: _____

Date: _____

Bio-specimen ID Label

Section 1: Consent & Pre-Check (Completed by Coordinator)

1. Has the participant consented for blood draw and storage?
 - 1 Yes, blood draw & storage → Continue
 - 2 Yes, blood draw only (no storage) → Continue
 - 3 No → END Form
2. Has the participant consented for DNA collection?
 - 1 Yes
 - 2 No
3. How long ago did you last eat or drink anything other than water? hours
4. Is participant's temp >99.4 as documented on today's BP, Pulse, Weight & Temp form?
 - 1 Yes*
 - 2 No
5. Have you had acute gout in the past month?
 - 1 Yes*
 - 2 No
6. Have you had sinusitis, flu, pneumonia, urinary tract infection, skin infection, or other infection diagnosis in the past month?
 - 1 Yes*
 - 2 No
7. Have you been treated with antibiotics for an infection in the past month?
 - 1 Yes*
 - 2 No
8. Have you been diagnosed with a dental problem such as a tooth infection or gum disease in the past month?
 - 1 Yes*
 - 2 No
9. Have you been diagnosed with inflammatory arthritis, or been treated for it, in the past month?
 - 1 Yes*
 - 2 No
10. Have you been diagnosed with cancer in the past month?
 - 1 Yes*
 - 2 No
11. Were any of Q4-10 answered as 'Yes'?
 - 1 Yes → Go to Q12
 - 2 No → Skip Q12, continue to Section 2
12. Can you reschedule the participant for another blood draw?
 - 1 Yes → END Form, reschedule IL-6 & repository blood draw
 - 2 No → Continue

Section 2: Safety (Completed by Phlebotomist)

<i>For your safety, I will ask you a few questions before your blood is drawn.</i>	Yes	No	Don't Know
13. Do you bleed or bruise easily?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
14. Have you ever been told you have a disorder that causes blood clotting or coagulation?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
15. Have you ever experienced fainting spells while having blood drawn?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
16. Do you take insulin or oral hypoglycemics for diabetes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
17. Do you take any blood thinners?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

--

Section 3: Procedure (Completed by Phlebotomist)

18. What was the quality of the venipuncture?

- Clean
 Vein Collapse
 Vein hard to get
 Excessive duration of draw
 Traumatic
 Hematoma
 Multiple sticks
 Leakage at venipuncture site

19. Elapsed time until tourniquet released: seconds

20. Was any blood drawn?

- Yes, all samples collected → *Continue*
 Yes, all samples, no DNA (refused) → *Continue*
 No, too hard to stick → *END Form*
 No, refused → *END Form*
 No, Other → _____ *END Form*

Section 4: Samples Collected

(Site Use Only) Time Collected:

BIOREPOSITORY	SV1	SV2	BL	F03	F06	F09	F12	SAF	Yes	No	Partial	Other	Comments
A) 4mL SST*	x	x		x	x	x			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> →	
B) 8.5mL SST* ²			x		x		x		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> →	
C) 10mL EDTA* ⁺²			x		x		x		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> →	
D) 8mL CPT* ⁺²			x		x				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> →	
E) DBS ¹			x		x				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> →	

^{*}EDTA must be 50% full. If not, discard.

^{*}If participant, answered "Yes" in Q4-10, do not collect, reschedule blood draw.

¹Dried Blood Spots are only collected for the first 10 participants at each site.

²If participant did not consent to storage do not collect.

Section 5: Comments
