

## ENRGISE PILOT STUDY: LAB COLLECTION – QUEST SAFETY

|                                                                                                                                                                                                                                                            |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Visit Date Completed <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/><br><br>Staff ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Rev: _____<br>DE: _____<br>Date: _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|

**Quest Requisition #**

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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**Section 1: Consent & Pre-Check (Completed by Coordinator)**

|                                                                                          |                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Has the participant consented for blood draw?                                         | 1 <input type="checkbox"/> Yes → Continue<br>2 <input type="checkbox"/> No → END Form                                                                                                 |
| 2. How long ago did you last eat or drink anything other than water?                     | <input type="text"/> <input type="text"/> hours                                                                                                                                       |
| 3. Was Q2 <8 hours?<br>1 <input type="checkbox"/> Yes →<br>2 <input type="checkbox"/> No | 3a. Can you reschedule the participant for another blood draw?<br>1 <input type="checkbox"/> Yes → END Form, reschedule safety blood draw<br>2 <input type="checkbox"/> 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                 |
|-------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|
| 4. Do you bleed or bruise easily?                                                         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 5. 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"/> |
| 6. Have you ever experienced fainting spells while having blood drawn?                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 7. Do you take insulin or oral hypoglycemics for diabetes?                                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 8. Do you take any blood thinners?                                                        | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

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**Section 3: Procedure (Completed by Phlebotomist)**

9. 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

10. Elapsed time until tourniquet released:    seconds

11. 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:**

| QUEST SAFETY             | SV1 | SV2 | BL | F03 | F06 | F09 | F12 | SAF | Yes                      | No                       | Partial                  | Other                      | Specify Volume |
|--------------------------|-----|-----|----|-----|-----|-----|-----|-----|--------------------------|--------------------------|--------------------------|----------------------------|----------------|
| A) 8.5mL SST             |     | x   | x  | x   | x   | x   |     | x   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → |                |
| B) 4mL EDTA <sup>+</sup> |     | x   |    | x   | x   | x   |     |     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → |                |

<sup>+</sup>EDTA must be 50% full. If not, discard.

**Section 5: Comments**

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