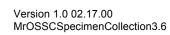


Specimen Collection

Office Use Only- MrOS ID#	Acrostic	Staff ID#

1 Date of Specimen / / / /	Quality of venipuncture: O Clean Traumatic
Collection: Month Day Year	Mark all that apply:
Mara any fingarnail camples callected?	O Vein collapse O Excessive duration of draw
2 O Yes O No O Refused	O Hematoma O Leakage at venipuncture site
Were any toenail samples collected?	○ Vein hard to get ○ Other
O Yes O No O Refused	(13) Which draw were the tubes filled?
(3) Have you ever had a shunt or port for kidney dialysis?	Tube/Blood Volume Draw Filled
☐ Yes ☐ No ☐ Refused ☐ Don't Know	1. Serum 10mL O 1st O 2nd O Not filled
Which side?	(in aluminum foil) draw draw 2. EDTA 10mL ○ 1st ○ 2nd ○ Not filled
○ Right ○ Left ○ Both	draw draw
Draw blood on left. Draw blood on right Do NOT draw blood	3. Serum 10mL O 1st O Not filled (1st pooled draw)
	(1st pooled draw) draw 4. Serum 10mL ○ 1st ○ 2nd ○ Not filled
Do you bleed or bruise easily?	draw draw
○ Yes ○ No ○ Refused ○ Don't Know	5. Serum 10mL
Have you ever been told you have a disorder relating to	uiaw uiaw
blood clotting or coagulation?	6. Serum 10mL O 2nd O Not filled
○ Yes ○ No ○ Refused ○ Don't Know	(2nd pooled draw) draw <u>Urine</u> <u>Filled?</u>
6 Have you ever experienced fainting spells while having blood drawn?	1. Urine (15 mL)
○ Yes ○ No ○ Refused ○ Don't Know	Time of urine
7 Time of start of first venipuncture (butterfly or needle	collection: Llours Migutes
into vein):	Hours Minutes
: O am O pm	What is the date and time you last ate or drank anything except water?
·	a. Date of last meal
Hours Minutes Was any blood drawn? ○ Yes ○ No	a. Date of last filear
	Month Date
8 Was a catheter used?	b . Time of last meal
O Yes O No	• De la company of the company of th
Time first blood draw completed:	Hours Minutes
O am	c. How many hours has
└	participant fasted? Hours
Hours Minutes	(15) Was the specimen collection protocol completed?
(10) Time second timed blood draw started:	○ Yes ○ No → Why not?
O am	O Unable O Refused O Other
C pm	
Hours Minutes	Was the blood drawn in the preferred order? (Tubes 1-5 on 1st draw, tube 6 on 2nd draw?)
Was any blood drawn? ○ Yes ○ No	ALEDT LAD TO FOLLOW
(11) Total tourniquet time: (If tourniquet was reapplied,	O Yes O No - ALERI LAB TO FOLLOW ALTERNATIVE PROCOTOL
enter total time tourniquet was on.)	Comments on philopotemy:
Draw 1 Draw 2	Comments on phlebotomy:
Minutes Minutes	
	04577





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