



21577

Specimen Collection

Office Use Only-
MrOS ID#

Acrostic

Staff ID#

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1 Date of Specimen Collection: / /
 Month Day Year

2 Were any fingernail samples collected?
 Yes No Refused
 Were any toenail samples collected?
 Yes No Refused

3 Have you ever had a shunt or port for kidney dialysis?
 Yes No Refused Don't Know

Which side?
 Right Left Both
 Draw blood on left. Draw blood on right Do NOT draw blood

4 Do you bleed or bruise easily?
 Yes No Refused Don't Know

5 Have you ever been told you have a disorder relating to blood clotting or coagulation?
 Yes No Refused Don't Know

6 Have you ever experienced fainting spells while having blood drawn?
 Yes No Refused Don't Know

7 Time of start of first venipuncture (butterfly or needle into vein):
 : am pm
 Hours Minutes

Was any blood drawn? Yes No

8 Was a catheter used?
 Yes No

9 Time first blood draw completed:
 : am pm
 Hours Minutes

10 Time second timed blood draw started:
 : am pm
 Hours Minutes

Was any blood drawn? Yes No

11 Total tourniquet time: (If tourniquet was reapplied, enter total time tourniquet was on.)
 Draw 1 Minutes Draw 2 Minutes

12 Quality of venipuncture: Clean Traumatic

Mark all that apply:
 Vein collapse Excessive duration of draw
 Hematoma Leakage at venipuncture site
 Vein hard to get Other

13 Which draw were the tubes filled?

Tube/Blood Volume	Draw Filled
1. Serum 10mL (in aluminum foil)	<input type="radio"/> 1st draw <input type="radio"/> 2nd draw <input type="radio"/> Not filled
2. EDTA 10mL	<input type="radio"/> 1st draw <input type="radio"/> 2nd draw <input type="radio"/> Not filled
3. Serum 10mL (1st pooled draw)	<input type="radio"/> 1st draw <input type="radio"/> Not filled
4. Serum 10mL	<input type="radio"/> 1st draw <input type="radio"/> 2nd draw <input type="radio"/> Not filled
5. Serum 10mL	<input type="radio"/> 1st draw <input type="radio"/> 2nd draw <input type="radio"/> Not filled

6. Serum 10mL (2nd pooled draw) 2nd draw Not filled

Urine Filled?
 1. Urine (15 mL) Yes No

Time of urine collection: : am pm
 Hours Minutes

14 What is the date and time you last ate or drank anything except water?

a. Date of last meal /
 Month Date

b. Time of last meal : am pm
 Hours Minutes

c. How many hours has participant fasted? Hours

15 Was the specimen collection protocol completed?
 Yes No → Why not?
 Unable Refused Other

16 Was the blood drawn in the preferred order? (Tubes 1-5 on 1st draw, tube 6 on 2nd draw?)
 Yes No → **ALERT LAB TO FOLLOW ALTERNATIVE PROCOTOL**

17 Comments on phlebotomy: _____

