



# Blood Collection & Processing

Office Use Only--

MrOS ID#

Acrostic

HOME VISIT

Staff ID#

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1 Was any blood drawn?  Yes  No

2 Was a fasting sample collected?  Yes  No

3 Time of last meal:  :   am  pm  
Hours Minutes

4 Date of Lab Processing:  /  /   
Month Day Year

5 Time of blood draw:  :   am  pm  
Hours Minutes

- Vial #1:(Clear/1.0 mL serum)  Complete  Hemolyzed  Partial  Hemolyzed/partial  Not filled
- Vial #2:(Clear/1.0 mL serum)  Complete  Hemolyzed  Partial  Hemolyzed/partial  Not filled
- Vial #3:(Clear/1.0 mL serum)  Complete  Hemolyzed  Partial  Hemolyzed/partial  Not filled
- Vial #4:(Clear/1.0 mL serum)  Complete  Hemolyzed  Partial  Hemolyzed/partial  Not filled
- Vial #5:(Clear/1.0 mL serum)  Complete  Hemolyzed  Partial  Hemolyzed/partial  Not filled
- Vial #6:(Clear/1.0 mL serum)  Complete  Hemolyzed  Partial  Hemolyzed/partial  Not filled
- Vial #7:(Clear/1.0 mL serum)  Complete  Hemolyzed  Partial  Hemolyzed/partial  Not filled
- Vial #8:(Clear/1.0 mL serum)  Complete  Hemolyzed  Partial  Hemolyzed/partial  Not filled
- Vial #9:(Clear/1.0 mL serum)  Complete  Hemolyzed  Partial  Hemolyzed/partial  Not filled
- Vial #10:(Clear/1.0 mL serum)  Complete  Hemolyzed  Partial  Hemolyzed/partial  Not filled
- Vial #11:(Clear/1.0 mL serum)  Complete  Hemolyzed  Partial  Hemolyzed/partial  Not filled
- Vial #12:(Clear/1.0 mL serum)  Complete  Hemolyzed  Partial  Hemolyzed/partial  Not filled
- Vial #13:(Clear/1.0 mL serum)  Complete  Hemolyzed  Partial  Hemolyzed/partial  Not filled
- Vial #14:(Clear/1.0 mL serum)  Complete  Hemolyzed  Partial  Hemolyzed/partial  Not filled
- Vial #15:(Clear/1.0 mL serum)  Complete  Hemolyzed  Partial  Hemolyzed/partial  Not filled
- Vial #16: (Brown/1.0 mL whole blood)  Complete  Hemolyzed  Partial  Hemolyzed/partial  Not filled

Affix bar code label:

6 Ending time of lab processing:  :   am  pm  
Hours Minutes

7 Enter ID from bar code label:

8 Was CBC obtained?  Yes  No