



Blood Collection & Processing

Office Use Only--									
MrOS ID#					Acrostic			Staff ID#	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



1 Was any blood drawn? Yes No →



Reason:

Refused, did not provide consent Unable

Refused, other Other: _____

2 Was a fasting sample collected?

Yes No

3 Time of last meal:

: am
 pm
 Hours Minutes

4 Time of blood draw:

: am
 pm
 Hours Minutes

5 Date of Lab Processing:

/ /
 Month Day Year

Vial #1:(Clear/0.5 mL serum)	<input type="radio"/> Complete	<input type="radio"/> Hemolyzed	<input type="radio"/> Partial	<input type="radio"/> Hemolyzed/partial	<input type="radio"/> Not filled
Vial #2:(Clear/0.5 mL serum)	<input type="radio"/> Complete	<input type="radio"/> Hemolyzed	<input type="radio"/> Partial	<input type="radio"/> Hemolyzed/partial	<input type="radio"/> Not filled
Vial #3:(Clear/0.5 mL serum)	<input type="radio"/> Complete	<input type="radio"/> Hemolyzed	<input type="radio"/> Partial	<input type="radio"/> Hemolyzed/partial	<input type="radio"/> Not filled
Vial #4:(Clear/0.5 mL serum)	<input type="radio"/> Complete	<input type="radio"/> Hemolyzed	<input type="radio"/> Partial	<input type="radio"/> Hemolyzed/partial	<input type="radio"/> Not filled
Vial #5:(Clear/0.5 mL serum)	<input type="radio"/> Complete	<input type="radio"/> Hemolyzed	<input type="radio"/> Partial	<input type="radio"/> Hemolyzed/partial	<input type="radio"/> Not filled
Vial #6:(Clear/0.5 mL serum)	<input type="radio"/> Complete	<input type="radio"/> Hemolyzed	<input type="radio"/> Partial	<input type="radio"/> Hemolyzed/partial	<input type="radio"/> Not filled
Vial #7:(Clear/0.5 mL serum)	<input type="radio"/> Complete	<input type="radio"/> Hemolyzed	<input type="radio"/> Partial	<input type="radio"/> Hemolyzed/partial	<input type="radio"/> Not filled
Vial #8:(Clear/0.5 mL serum)	<input type="radio"/> Complete	<input type="radio"/> Hemolyzed	<input type="radio"/> Partial	<input type="radio"/> Hemolyzed/partial	<input type="radio"/> Not filled
Vial #9:(Clear/0.5 mL serum)	<input type="radio"/> Complete	<input type="radio"/> Hemolyzed	<input type="radio"/> Partial	<input type="radio"/> Hemolyzed/partial	<input type="radio"/> Not filled
Vial #10:(Clear/0.5 mL serum)	<input type="radio"/> Complete	<input type="radio"/> Hemolyzed	<input type="radio"/> Partial	<input type="radio"/> Hemolyzed/partial	<input type="radio"/> Not filled
Vial #11:(Clear/0.5 mL serum)	<input type="radio"/> Complete	<input type="radio"/> Hemolyzed	<input type="radio"/> Partial	<input type="radio"/> Hemolyzed/partial	<input type="radio"/> Not filled
Lavender: (2.0 mL whole blood)	<input type="radio"/> Complete	<input type="radio"/> Partial	<input type="radio"/> Not filled		
Vial #12: (Brown/1.0 mL plasma)	<input type="radio"/> Complete	<input type="radio"/> Hemolyzed	<input type="radio"/> Partial	<input type="radio"/> Hemolyzed/partial	<input type="radio"/> Not filled
Vial #13: (Brown/1.0 mL plasma)	<input type="radio"/> Complete	<input type="radio"/> Hemolyzed	<input type="radio"/> Partial	<input type="radio"/> Hemolyzed/partial	<input type="radio"/> Not filled
Vial #14: (Brown/1.0 mL plasma)	<input type="radio"/> Complete	<input type="radio"/> Hemolyzed	<input type="radio"/> Partial	<input type="radio"/> Hemolyzed/partial	<input type="radio"/> Not filled

6 Ending time of laboratory processing:

: am
 pm
 Hours Minutes

7 Enter ID from bar code label:

8 Did participant provide consent for future genetics studies?

Yes No

Affix barcode label:

20589

