HCHS/SOL Biospecimen Collection Form (BIO)

Participant ID #:								

FORM CODE: BIO
VERSION: 3, 12/16/2019

Contact Occasion: 0 3

Occurrence: 0 1

0a. LAB ID#:

Instructions: *This form should be completed during the participant's visit. Affix the participant ID label and the Lab ID label above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. Use a 24-hour clock for time (e.g. noon=12:00, 1pm=13:00)*

A. Safety Questions:

1. Have you ever had a radical mastectomy or other surgery where lymph nodes were removed from your armpits?

   ¿Ha tenido una mastectomía radical o alguna otra cirugía que le haya removido ganglios linfáticos en sus axilas (debajo de su brazo)?

   ☐ (0=No, 1=Yes) **[If Yes, specify in Q12; follow precautions in QxQ]**

2. Do you have any bleeding disorders? ☐ (0=No, 1=Yes) **[If Yes, specify in Q12; follow precautions in QxQ]**

   ¿Tiene problemas de coagulación de la sangre?

3. Have you ever had a graft or shunt for kidney dialysis?

   ¿Le han hecho algún injerto o shunt arterial como vía para diálisis de los riñones?

   ☐ (0=No, 1=Yes) **[If Yes, specify in Q12; follow precautions in QxQ]**

B. Fasting Blood Collection Information:

4. On which day did you last eat or drink anything except water: today, yesterday, or the day before yesterday?

   ¿Qué día comió o bebió algo excepto agua por última vez: hoy, ayer o anteayer?

   ☐ (1=Today, 2=Yesterday, 3=Day before yesterday)

5. And at what time was that? ☐☐ : ☐☐ hh:mm (24-hour format)

   ¿Y, a qué hora fue eso?

C. Blood Collection:

6. Date of blood collection: ☐☐/☐☐/☐☐☐☐ (mm/dd/yyyy)

7. Collection time: ☐☐ : ☐☐ hh:mm (24-hour format)

8. Was fasting blood collected before the snack? ☐ (0=No, 1=Yes)

9. Number of venipuncture attempts: ☐

10. Any blood drawing incidents or problems? ☐ (0=No, 1=Yes) **[If Yes, specify in Q11, Q12 and/or Q25]**

11. Blood drawing incidents: Document problems with venipuncture in this table. Place an "X" in box(es) corresponding to the tubes in which the blood drawing problem(s) occurred. If a problem other than those listed occurred, use Item 12.

Tube Number	**1**	**2**	**3**	**4**	**5**	**6**	**7**
a. Sample not drawn	☐	☐	☐	☐	☐	☐	☐
b. Partial sample drawn	☐	☐	☐	☐	☐	☐	☐
c. Tourniquet reapplied	☐	☐	☐	☐	☐	☐	☐
d. Fist clenching	☐	☐	☐	☐	☐	☐	☐
e. Needle movement	☐	☐	☐	☐	☐	☐	☐
f. Participant reclining	☐	☐	☐	☐	☐	☐	☐

12. If any other blood drawing problems not listed above (e.g., fasting status, etc.), describe incident, problem, or issue here:

_____

_____

13. Phlebotomist's code number: ☐☐☐

D. Blood Processing:

14. Time at which tubes 5 - 7 were centrifuged: ☐☐ : ☐☐ hh:mm (24-hour format)

15. Time at which tubes 1 - 3 were centrifuged: ☐☐ : ☐☐ hh:mm (24-hour format)

16. Time at which aliquot tray 1 vials were placed in freezer: ☐☐ : ☐☐ hh:mm (24-hour format)

17. Blood Processor's code number: ☐☐☐

18. Any blood processing incidents or problems? ☐ (0=No, 1=Yes) **[If Yes, specify in Q19 and/or Q25]**

19. Blood processing incidents: Document problems with the processing of specimens in this table. Place an "X" in box(es) corresponding to tubes in which the processing problem(s) occurred. If a problem other than those listed occurred, use Item 25.

Tube Number	**1**	**2**	**3**	**4**	**5**	**6**	**7**
a. Broken tube	☐	☐	☐	☐	☐	☐	☐
b. Sample re-centrifuged	☐	☐	☐	☐	☐	☐	☐
c. Clotted	☐	☐	☐	☐	☐	☐	☐
d. Hemolyzed	☐	☐	☐	☐	☐	☐	☐
e. Lipemic	☐	☐	☐	☐	☐	☐	☐

E. Urine Sample

20. Was a urine sample collected? ☐ (0=No, 1=Yes) [**If No, Go to Q25]**

21. Date of urine sample: ☐☐/☐☐/☐☐☐☐ (mm/dd/yyyy)

22. Time urine sample collected: ☐☐ : ☐☐ hh:mm (24-hour format)

23. Time urine sample was processed: ☐☐ : ☐☐ hh:mm (24-hour format)

24. Urine processor's code #: ☐☐☐

25. Comments on blood processing, urine collection/processing:

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F. V3 Ancillary Studies

26. Consented to participate in SOL VIDA? ☐ (0=No, 1=Yes)