

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

16. Phlebotomist's code number:

D. Blood Processing:

17. Time at which tubes 4 - 7 were centrifuged: : A.M / P.M.
h h : m m (Circle One)

18. Time at which tubes 1-2 were centrifuged: : A.M / P.M.
h h : m m (Circle One)

19. Time at which aliquot tray 1 vials were placed in freezer: : A.M / P.M.
h h : m m (Circle One)

20. Blood Processor's code number:

21. Any blood processing incidents or problems? ¹ Yes ⁰ No **If yes, specify in Q21 and/or Q22**

22. 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 22.

	Tube Number									
	1	2	3	4	5	6	7	8	9	10
a. Broken tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sample re-centrifuged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Clotted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hemolyzed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Lipemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Comments on blood processing, urine collection/processing, and OGTT:

24. Was a post-glucola sample collected?: ¹ Yes ⁰ No

25. Time glucola given: : A.M. / P.M.
h h : m m (Circle One)

26. Time of collection of post-glucola samples: : A.M. / P.M.
h h : m m (Circle One)

27. Blood Processor's code number for post-glucose load samples:

E. Urine Sample

28. Was a urine sample collected? ¹ Yes ⁰ No

29. Date of urine sample: / /
m m / d d / y y y y

30. Time urine sample collected: : A.M. / P.M.)
h h : m m (Circle One)

31. Time urine sample was processed: : A.M. / P.M.
h h : m m (Circle One)

32. Urine processor's code #: