

HCHS /SOL Visit 3 PHANTOM FORM

Hispanic Community Health Study				
PHANTOM ID	FORM CODE	: PHT Contact		
NUMBER:	VERSION: 2, 8		03 Occurrence	e# 01
			I	l .
Instructions: This form should be conthe matching PARTICIPANT HCHS II IDs will be linked through the correspondent CDART Field Status to 'Refused' possible answer choices.	D labels for the corresponding QC bloom onding Laboratory Collection form for	od sample or urine sp each Participant ID, ir	ecimen below. ncluding the Pha	Note: Lab antom ID.
1. Date Phantom ID assigned: MM		Ta LABIC): Affix Specim	en I ahel
Staff Code of person assigning			or a mix opeom	.011 2000.
PROCEDURE	MATCHING PARTICIPANT HCHS ID#	DATE COLL (MM / DD /		TECH ID
Blood Samples	110110 15#	(ININI / DD /	1111/	טו
3. Tube 1				
9 mL red-stoppered (serum)				
4. Tube 2 9 mL red-stoppered (serum)				
5. Tubes 3 & 4				
5 mL red-stoppered (serum) 4 mL lavender-stoppered (EDTA)				
6. Tube 5				
10 mL lavender-stoppered (EDTA)				
7. Tube 6 10 mL lavender-stoppered				
(EDTA)				
8. Tube 7				

4.5 mL blue-stoppered (Citrate)

9. Urine Specimen