	(Affix Label Here) Participant ID:	d d	мм	Filled Out  My JUN2005)	
LONG LIFE	Participant Name Code:	Interviewer	Code:	enter Locat	tion:
FAMILY STUDY		BU	CU	DK	UP
Circle Visit:  Form Version Date:	<sup>6</sup> Visit 3 (New Parti _04/09/2019	cipant)			

## **Blood Collection, Visit 3 Venipuncture Form**

**INSTRUCTIONS:** Verify the participant's name and ID before beginning the interview or procedure. If a number or response is entered incorrectly, mark through the incorrect entry with an "X". Enter the correct entry clearly above the incorrect entry. Circle the correct response or clearly record the corrected value above the incorrect entry.

## **Special Instructions:**

- 1. Be sure you have a frozen 8oz gel pack in the Styrofoam shipping box before leaving the Field Center.
- 2. Collect seven (7) tubes provided in the following order:
  - a) #1 blue/black topped CPT
  - b) #2 red/gray topped SST1
  - c) #3 lavender topped EDTA1
  - d) #4 lavender topped EDTA2
  - e) #5 red topped PAXgene
  - f) #6 red/gray topped SST2
  - g) #7 red/gray topped SST3
- 3. A black/white topped 3mL no additive tube is provided to use as a discard tube.
- 4. Be sure to hold the PAXgene tube vertically *below* the level of the participant's arm during collection to avoid backflow from the tube.
- 5. Mix all tubes immediately after blood collection by gently inverting each tube eight times.
- 6. Return any unused, unpunctured tubes to the lab in the shipping container.
- 7. Check the Saturday Delivery box on the FedEx air bill for shipments sent on Fridays.

Evaluate responses to Questions Q0a and Q1 prior to beginning the blood draw.

Participant ID:	Participant Name Code:
<b>Phlebotomy Screening</b>	
Q0a.Have you ever had sur	gery where lymph nodes were removed from your armpits?
1Yes 0No	If Yes, Review Special Precautions in MOP and Specify in Q17 Go to Q0
Q0a1. Which side of the bo	ody was affected (ie which side of the body were lymph nodes removed from)?
$\square^1$ Right Side $\square^2$ Left Side $\square^3$ Both	perform blood draw from left side perform blood draw from right side DO NOT COLLECT BLOOD, use saliva collection kit
<b>Q</b> 0. What type of sample v	vas collected?
$\square^1$ Blood $\square^2$ Saliva $\square^3$ Both $\square^4$ None	Go to Q1 Go to Q18 Go to Q1 End Form
A. BLOOD DRAWING Q1. Do you have any ble	
$ \begin{array}{cccc} & & & \\ & \\ $	If Yes, Review Special Precautions in MOP and Specify in Q17
Q2. On which day did yo yesterday?	ou last eat or drink anything except water: today, yesterday, or the day before
2	YesterdayBefore Yesterday
<b>Q</b> 3. And at what time w	as that?: AM / PM (Circle One)
Q4. Number of venipunc	ture attempts:
<b>Q</b> 5. Time venipuncture e	nded?: AM / PM (Circle One)

Participant ID:	Participant Na	ame Code:
<b>Q</b> 6. Tubes collected: (X all that ap	oply)	
	- ·	
1		
1		
<u> </u>		
1		
1		
Q6a. Was a phantom blood tube	collected?	
<u> </u>	Yes	
	No <b>Go to Q7</b>	
Q6b. Enter Phantom ID:		
Q6c. Which phantom blood tube		Jv)?
	•	19):
□²	Serum	
2 3 5	EDIA plasma	
L	.r AAGene	
<b>Q</b> 7. Code number of Phlebotomist:		
B. BLOOD PROCESSING & S	HIPPING	
- ·	Blood Collection protocol in Apper	staff (i.e. following the instructions of ndix 3 of Chapter 7 of the Manual of
Q9. Time at which SST1, SST2 a minutes before centrifuging	and SST3 tubes were spun? (Allow at 1200 rcf.)	SST tubes to clot for 30-45
<b>:</b>	AM / PM. (Circle One)	
Q10. Date specimen tubes were sh	nipped?/Month	/
Q11. Time specimen tubes were sl	nipped?	
<b>:</b>	AM / PM. (Circle One)	
012 Code number of technician	processing the blood:	
212. Code number of technician p		

Participant ID:	Participant Name Code:

C. BLOOD DRAWING INCIDENTS: This log is completed to document problems with the venipuncture. Place an "X" in the boxes corresponding to the tubes in which blood drawing problem(s) occurred. If a problem other than those listed below occurred, please indicate in Item 17 below.

		TUBES						
		CPT	SST1	EDTA1	EDTA2	PAXGene	SST2	SST3
<b>Q</b> 13.	Sample Not Drawn							
<b>Q</b> 14.	Partial Sample Drawn							
<b>Q</b> 15.	Prolonged Tourniquet							
<b>Q</b> 16.	Broken Tube							

Q17. Comments on blood drawing/centrifuging/shipping: _	

AM / PM (Circle One)

Participant ID:	Participant Name Code:

LONG LIFE FAMILY STUDY

(Affix Label Here)	Date Form Filled Out:
Participant ID:	d d M M M y y y y (e.g., 10JUN2005)
	Interviewer Code:
	Circle Field Center Location:
	BU CU DK UP

## **Blood Collection Shipping Form**

This form is used to accompany specimens drawn for a single subject and shipped to the LLFS Central Laboratory for analysis. Please refer to the LLFS MOP for detailed instruction. Include this form in the kit with each participant's blood specimens.

Use enclosed FedEx return shipping label to ship on the day of specimen collection (do not ship on days that precede federal holidays) to:

LLFS Central Laboratory University of Minnesota-ARDL 1200 Washington Ave S Ste 175 Minneapolis, MN 55415 612-625-5040

Blood Col	llection ay month year 12-hr format
Date:	/
las it bee	en > 8 hours since the participant last ate/drank anything (other than water)? No Yes
Place an	'X' in each checkbox to indicate the tube was <b>shipped</b> .
	Tube #1 - blue/black topped CPT
	Tube #2 - red/gray topped SST1
	Tube #3 - lavender topped EDTA1
	Tube #4 – lavender topped EDTA2
	Tube #5 - red topped PAXgene
	Tube #6 - red/gray topped SST2
	Tube #7 - red/gray topped SST3
	Oragene – DNA collection (collect and ship only when NO blood was collected or when tubes #1 and #2 are the only blood tubes obtained)
Specimer	collection comments: