

	<p>(Affix Label Here)</p>	<p style="text-align: center;">Date Form Filled Out:</p> <table style="margin: auto; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> </tr> <tr> <td style="text-align: center;">d</td> <td style="text-align: center;">d</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">y</td> <td style="text-align: center;">y</td> <td style="text-align: center;">y</td> <td style="text-align: center;">y</td> </tr> </table> <p style="text-align: center; font-size: small;">(e.g., 10JUN2005)</p> <p>Interviewer Code: <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table></p> <p style="text-align: center; font-size: small;"><u>Circle Field Center Location:</u></p> <p style="text-align: center; font-weight: bold; font-size: small;">BU            CU            DK            UP</p>										d	d	M	M	M	y	y	y	y			
d	d	M	M	M	y	y	y	y															
<p>QC/Phantom ID: _____</p> <p>Date Collection start: _____</p> <p>Date Collection end: _____</p>																							

## LLFS Blood Collection Phantom

### Visit 3

**Appendix 4. LLFS Quality Control Phantom Participant ID Form**

Note: Place the QC ID for the sample set to be collected at the top of the page; record the date of collection. Upon collection of each phantom duplicate tube, place the original Participant ID for the QC sample that is being drawn on the appropriate line next to the sample type. Enter these ID numbers in the data system on the same schedule as entry of the blood collection information. QC samples are shipped on the same schedule as the regular shipments (i.e. the same day the sample is collected), but the QC samples will be shipped in collection kit packaging separate from the participant’s regular collection samples. This form is kept by the Field Center (DO NOT send to Central Laboratory).

<b>Tube #/sample type</b>	<b>Participant ID</b>
2 (serum)	_____
3 (EDTA plasma)	_____
5 (PAXgene)	_____