BIOSPECIMEN COLLECTION FORM

ID NUMBER: ☐☐☐☐☐☐   FORM CODE: | B | I | A | DATE: 09/20/2017
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐ / ☐☐ / ☐☐☐☐
                 Month Day Year

0b. Staff ID: ☐☐☐

0c. Selected for additional phantom tube? _____

> **Instructions:** *This form should be completed once during the study; the baseline visit is ideal, but can be collected at a subsequent visit if necessary. Biospecimen is collected from only the de novo ACHIEVE participants, and is collected only once during the course of the clinical trial.*

A. BLOOD DRAWING

1. Do you have any bleeding disorders other than easy bruising which is often caused by medications like aspirin or Plavix?

   Yes ....☐ Y

   No..☐ N →**Go to Item 2**

   a. Please specify the nature of the bleeding disorder:

   _____

   _____

2. When was the last time you ate or drank anything other than water? ☐☐ : ☐☐
                                                                   H H   M M

3. Time of blood draw……………………………………….. ☐☐ : ☐☐
                                                   H H   M M

   3a. Fasting at least 8 hours?

       Yes..☐ Y

       No ....☐ N

4. Number of venipuncture attempts:........... ☐

5. Code number of phlebotomist:................ ☐☐☐

   a. Code number of assistant: .... ☐☐☐

6. Any blood drawing incidents or problems?

    Yes .... ☐ Y

    No .... ☐ N → **Go to Item 8**

    [*Blood drawing incidents: Document problems with venipuncture in this table. If a problem other than those listed occurred, use Item 7.*]

	Y	N
a. Sample not drawn	☐	☐
b. Partial sample drawn	☐	☐
c. Tourniquet reapplied	☐	☐
d. Fist clenching	☐	☐
e. Needle movement	☐	☐
f. Participant reclining	☐	☐

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

    _____

    _____

    _____

8. Is the blood sample able to be processed?

    Yes .... ☐ Y

    No .... ☐ N → **Close form; collect another sample in future**

B. BLOOD PROCESSING

9. Time specimen was spun: .... ☐☐ : ☐☐
                                                                                             H   H   M   M

10. Time specimen was placed in freezer: .... ☐☐ : ☐☐
                                                                                            H   H   M M

11. Any blood processing incidents or problems?

    Yes .... ☐ Y

    No .... ☐ N → **Go to Item 13a**

[Blood processing incidents: Document problems with the processing of specimens in this table. If a problem other than those listed occurred, use Item 12]

	Y	N
a. Broken tube	☐	☐
b. Clotted	☐	☐
c. Hemolyzed	☐	☐
d. Lipemic	☐	☐
e. Other	☐	☐

12. Comments on blood processing or other problems in blood processing: (attach a sheet if needed)

_____

_____

_____

13.　　a. Technician ID for processing blood specimens:............... ☐☐☐

　　　　b. Technician ID for processing blood specimens:............... ☐☐☐

　　　　c. Technician ID for processing blood specimens: .... ☐☐☐

14. Is the blood sample able to be shipped for analysis?

Yes .... ☐ Y

No.. ☐ N → **Collect another sample in future**

15. Bio-specimen ID #: ☐☐☐☐☐☐☐ → **Place barcode label here and scan into CDART**