BIOSPECIMEN COLLECTION FORM

ID NUMBER: ☐☐☐☐☐☐☐ FORM CODE: B I O 1 2 DATE: 08/25/2025 Version 1.0

Administrative Information

0a. Completion Date:

☐☐/☐☐/☐☐☐☐

0b. Staff ID: ☐☐☐

0c. Selected for additional phantom tube?

_____

0d. Visit Type
Clinic ☐C
Home/Long Term Care Facility ☐H

Instructions: *This form should be completed during the participant's clinic or home visit.*

A. Urine Sample

1. Urine sample collected?
Yes ☐ No ☐ →**Go to Item 5**

2. Time of urine sample:
☐☐:☐☐ (H H M M)

B. Urine Processing

3. Volume adequate for processing? ☐

Yes (≥ 10mL) ……Y
Yes (< 10 mL but at least 5 mL)…..B
No (<5 mL, discard)……..N →**Go to Item 5**

4. Technician ID for urine sample ☐☐☐

4a. Time of urine processing:
☐☐:☐☐ (H H M M)

4b. Time urine specimens were placed in freezer:
☐☐:☐☐ (H H M M)

4c. Number of urine aliquots yielded after processing:

_____

C. BLOOD DRAWING

5. Do you have any bleeding disorders other than easy bruising which is often caused by medications like aspirin or Plavix?
Yes ☐ No ☐ →**Go to Item 6**
a. Please specify the nature of the bleeding disorder: _____

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

7. Time of blood draw: ☐☐:☐☐ (H H M M)

7a. Fasting at least 8 hours?
Yes ☐ No ☐

8. Number of venipuncture attempts: ☐
8a. Was at least one tube able to be partially or fully drawn? Yes ☐ →**Go to Item 9** No ☐

8b. Why not?

Refused..... ☐ R
Veins difficult to access..... ☐ V
Participant dehydrated ..... ☐ P
Other ..... ☐ O

9. Code number of phlebotomist: ☐☐☐

9a. Code number of assistant: ☐☐☐

10. Any blood drawing incidents or problems?
Yes ☐ No ☐ →**Go to Item 12**

[Blood drawing incidents: Document problems with venipuncture in this table. Place an "X" in box(es) corresponding to the tubes in which the blood drawing problem(s) occurred. If a problem other than those

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listed occurred, use Item 11.]

	Tube 1	2	3	4	5
a. Sample not drawn	☐	☐	☐	☐	☐
b. Partial sample drawn	☐	☐	☐	☐	☐
c. Tourniquet reapplied	☐	☐	☐	☐	☐
d. Fist clenching	☐	☐	☐	☐	☐
e. Needle movement	☐	☐	☐	☐	☐
f. Participant reclining	☐	☐	☐	☐	☐

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

_____

_____

_____

_____

_____

D. BLOOD PROCESSING

12. Time specimen tubes 2,3, and 4 were spun:

☐☐:☐☐
H H M M

13. Time specimen tube 1 was spun:

☐☐:☐☐
H H M M

14. Time specimens from tubes 1,2,3, and 4 were placed in the freezer:

☐☐:☐☐
H H M M

15. Any blood processing incidents or problems?

Yes ☐ No ☐ → **Go to Item 17a**

[Blood processing incidents: Document problems with the processing of specimens in this table. Place an "X" in box(es) corresponding to the tubes in which the processing problem(s) occurred. If a problem other than those listed occurred, use Item 16.]

	Tube 1	2	3	4
a. Broken tube	☐	☐	☐	☐
b. Clotted	☐	☐	☐	☐
c. Hemolyzed	☐	☐	☐	☐
d. Lipemic	☐	☐	☐	☐
e. Other	☐	☐	☐	☐

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

_____

_____

_____

_____

17a. Technician ID for processing blood specimens ☐☐☐

17b. Technician ID for processing blood specimens ☐☐☐

17c. Technician ID for processing blood specimens ☐☐☐

18. Did the blood specimens yield a complete aliquot set after processing?

A complete aliquot set is defined as
8 serum aliquots,
4 EDTA + BHT plasma aliquots,
12 EDTA plasma aliquots,
3 buffy coat aliquots, and 2 whole blood aliquots.

Yes ☐ No ☐

Indicate the number of aliquots yielded after processing:

a. Serum _____
b. EDTA + BHT Plasma _____
c. EDTA Plasma _____
d. Buffy Coat _____
e. Whole Blood _____