



VENIPUNCTURE FORM

NUMBER:
 CONTACT YEAR: FORM CODE: VERSION: B 05-09
 NAME:
 INITIALS:

INSTRUCTIONS: This form should be completed on paper during participant's visit.

A. BLOOD DRAWING

1. Do you have any bleeding disorders? YES Y
 NO N
 DON'T KNOW D

If YES, specify in Item 13

2. Date of blood drawing: / /
 month day year

3. Time of blood drawing: :
 h h m m
 a. AM A
 PM P

4. Was all blood drawn before the snack? YES Y
 NO N

If NO, specify non-fasting tubes on page 3.

5. Number of venipuncture attempts:

6. Filling time of Tube 1: seconds

7. Was the tourniquet reapplied? YES Y
 NO N

If YES, specify on page 3.

8. Code number of phlebotomist:

B. BLOOD PROCESSING

9. Time at which specimen Tubes 2-7 were spun.

a. AM A
PM P

		:		
h	h		m	m

10. Time at which specimen Tube 1 was spun.

a. AM A
PM P

		:		
h	h		m	m

11. Time at which specimens were placed in freezer:

a. AM A
PM P

		:		
h	h		m	m

12. Code number of technician processing the blood.

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13. Comments on blood drawing/processing: _____

14. Paper Incident Record (page 3) used?YES Y
NO N

PLACE ARIC ID LABEL HERE.

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VENIPUNCTURE INCIDENT RECORD

A. BLOOD DRAWING INCIDENTS: THIS LOG IS COMPLETED TO DOCUMENT PROBLEMS WITH THE VENIPUNCTURE. PLACE AN "X" IN BOXES CORRESPONDING TO THE TUBES IN WHICH BLOOD DRAWING PROBLEMS OCCURRED. IF A PROBLEM OTHER THAN THOSE LISTED OCCURRED, USE ITEM 6.

	Tubes							
	1	2	3	4	5	6	7	8
1. Sample not drawn								
2. Partial sample drawn								
3. Tourniquet reapplied								
4. Needle movement								

5. Phlebotomist code: _ _ _

6. Other problems in blood drawing: _____

B. BLOOD PROCESSING INCIDENTS: THIS LOG IS COMPLETED TO DOCUMENT PROBLEMS PROCESSING THE SPECIMENS. PLACE AN "X" IN BOXES CORRESPONDING TO THE TUBES IN WHICH PROCESSING PROBLEMS OCCURRED. IF A PROBLEM OTHER THAN THOSE LISTED OCCURRED, USE ITEM 13.

	Tubes							
	1	2	3	4	5	6	7	8
7. Broken tube								
8. Clotted								
9. Hemolyzed								
10. Lipemic								
11. Other Contamination								

12. Blood Processor Code: _ _ _

13. Other problems in blood processing: _____

14. Date of procedures: _ _ / _ _ / _ _ .

ORIGINAL TO ARIC COORDINATING CENTER; COPIES TO CENTRAL LABS AND FIELD CENTER

INSTRUCTIONS FOR VENIPUNCTURE FORM
VEN, VERSION B, 05/09/90
PREPARED 01/19/90

I. GENERAL INSTRUCTIONS

The Venipuncture Form should be completed during the participant's clinic visit to record the results of that procedure. Technicians performing venipuncture and blood processing must be certified and should have a working knowledge of the ARIC Blood Collection and Processing Manual of Operations. Technicians should also be familiar with and understand the document entitled "General Instructions for Completing Paper Forms" prior to completing this form. ID Number, Contact Year, and Name should be completed, as described in that document, prior to the arrival of the participant.

II. SPECIFIC INSTRUCTIONS

A. BLOOD DRAWING

- 1. Do you have any bleeding disorders? YES Y
- NO N
- DON'T KNOW D

If YES, specify in Item 13

If the participant has a bleeding disorder, consult with the field center physician, physician assistant or nurse practitioner before proceeding with the venipuncture. If the participant does not know whether he/she has a bleeding disorder, offer the explanation, "If you have a bleeding disorder you would have symptoms like excessive nose bleeds, or very easy bruising, or problems with bleeding after tooth extractions, or any type of surgery." If the participant is still unsure, consult with field center medical personnel before going on. Specify any bleeding disorders as briefly as possible in Item 13 of the Venipuncture Form.

- 2. Date of blood drawing:

0	5	/	0	3	/	8	6
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- month day year

Note the date of blood drawing on the form. Code in numbers using leading zeros where necessary to fill all fields. For example, May 3, 1986 would be entered as shown above.

If the participant is rescheduled for another day, the actual date when blood is drawn should be entered.

- 3. Time of blood drawing:..... _ _ : _ _ AM A
- PM P

Note the time of venipuncture on the form. This is the time when the vein is punctured. Fill in the fields using leading zeroes where necessary and indicate AM or PM.

4. Was all blood drawn before the snack? YES Y

NO N

If NO, specify non-fasting tubes on page 3.

Check the participant's Itinerary Sheet, or ask the participant if he/she has had the clinic snack. If so, specify non-fasting tubes in Section A, question 6 of the Incident Record.

5. Number of venipuncture attempts: _

Include all venipuncture attempts by all phlebotomists. The same technician should not attempt a venipuncture more than twice.

6. Filling time of Tube 1: _ _ seconds

Note the time required to fill tube 1. If the flow rate in the tube is so slow that blood does not fill the first collection tube within 36 seconds, stop the blood collection and repeat on the other arm. If blood is flowing freely, the butterfly needle may be taped to the donor's arm for the duration of the draw.

7. Was the tourniquet reapplied?YES Y

NO N

If YES, specify on page 3.

Do not reapply the tourniquet during tubes #2 - #5. Only reapply the tourniquet after tube #5, and only if this is necessary to spare the participant another stick. Specify which tubes correspond to the tourniquet reapplication in Section A of the Incident Record.

8. Code number of phlebotomist: _ _ _

The phlebotomist who performed the blood drawing procedure must enter his/her code number in the fields provided. If more than one phlebotomist attempts to draw the blood, enter the code of the first phlebotomist.

B. BLOOD PROCESSING

9. Time at which specimen Tubes 2-7 were spun. _ _ : _ _ AM A

PM P

Note the time at which the centrifuge containing these tubes began to spin. Fill in the fields using leading zeroes where necessary and indicate AM or PM.

