Appendix 2.23a	A-196 O.M.B. 0925-0821 exp. 7/92
CRIC VENIPUNCTURE FOR	RM
BER: CONTACT YEAR: FORM CODE: VEN	VERSION: B 05-09.
INSTRUCTIONS: This form should be completed on paper during participant's visit.	3
1. Do you have any bleeding disorders? YES Y	
2. Date of blood drawing:/ // month day ye	ear
3. Time of blood drawing: 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?	7
If YES, specify on page 3. 8. Code number of phlebotomist:	

.

A-197

٠

.

9.		AM	A	specimen Tubes 2-7 were spun.	Lh	h	<u> </u>	 m	L
	а.	PM	P			11		μ	m
10.	Tim		-	specimen Tube 1 was spun.		 	:		
	a.	AM	A		h	h		m	m
		PM	P		_				
11.	Tim	e at	which	specimens were placed in freezer:			:		
	a.	MA	A		h	h		m	m
		PM	Р						
12.	Cod	e nu	mber o	f technician processing the blood.]	
13.	Com	ment	s on b	lood drawing/processing:					

٠

.

and the second second

•

.

(VENB Page 3 of :

. :

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 THO: LISTED OCCURRED, USE ITEM 13.

-				Tu	ubes							
	1	2	3	4	5	6	7	8				
7. Broken tube					1		1	1				
8. Clotted												
9. Hemolyzed			1		i —							
10. Lipemic												
11. Other Contamination		 	<u> </u>		<u> </u>							

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 CENTE

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

	Y—	YES	••••	\$?	disorders?	leeding	any	have	you	Do	1.
	N	NO									
	D	KNOW	DON'T								
ļ			3]	13	y in Item 1	specify	E YES	II			

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 easing 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 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.

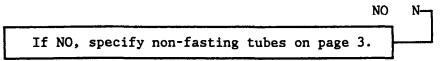
3. Time of blood drawing:.... AM A PM P

Venipuncture Form Instructions page 2

A-200

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



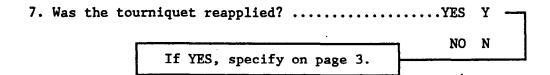
Check the participant's Itinerary Sheet, or ask the participant if he/she has had the clinic snack. If so, specify non-fasting tubes in Section A, question 6 of the Incident Record.

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.



Do not reapply the tourniquet during tubes #2 - #5. Only reapply the tourniquet <u>after</u> 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.

Venipuncture form instructions page 5

A-20

10. Time at which specimen Tube 1 was spun. __: __ AM A

PM P

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

11. Time at which specimens were placed in freezer: _____ AM A

PM P

Note the time at which the samples were placed in the freezer. Fill in the fields using leading zeroes where necessary and indicate AM or PM.

12. Code number of technician processing the blood.

Enter the code number of the technician who began processing the blood.

13. Comments on blood drawing/processing:

Include any clarifications or other information relevant to the assays being performed that are not included in the Incident Record, Fasting Tracking Form (FTR), Medication Survey Form (MSR), or the Health History Form (HHX). This information will be keyed into the Venipuncture DES record. Be as clear and concise as possible.

14. Paper Incident Record (page 3) used?YES Y

NO N

Answer "Y" if any problem occurred in either blood drawing or blood processing that necessitated use of the paper Incident Record attached to the venipuncture form. In such a case, attach the correct ARIC ID label on the original and make copies. Send original to the ARIC Coordinating Center and a copy to the pertinent central laboratory(ies). Place one copy in the participant's folder. Answer "N" if no such problems occurred. In this case, an Incident Record is unnecessary and therefore a copy need not be made.