

5. Was fasting blood drawn before the glucola/snack? Yes Y
No N

6. Number of venipuncture attempts:

7. Was the tourniquet reapplied? Yes Y
No N

8. Phlebotomist ID:

C. BLOOD PROCESSING

9.a. Time at which specimen tubes 2-4 were spun: :
h h : m m

b. AM or PM: AM A
PM P

10.a. Time at which specimen Tube 1 was spun: :
h h : m m

b. AM or PM: AM A
PM P

11.a. Time at which specimen tubes 1-4 were placed in freezer: :
h h : m m

b. AM or PM: AM A
PM P

12.a. Time at which specimen Tube 6 was spun: :
h h : m m

b. AM or PM AM A
PM P

13.a. Time at which specimen Tube 6 was placed in the freezer? :
h h : m m

b. AM or PM AM A
PM P

14. Technician ID for fasting samples:

15. Code number of technician processing
post-glucose load samples:

16. Comments on blood drawing/processing: Yes Y
No N

If Yes, Specify: _____

D. URINE SAMPLE

17. Urine sample collected? Yes Y
 Go To Item 25. No N

18. Date of urine sample: / /
m m / d d / y y

19.a. Time of urine sample: :
h h : m m

b. AM or PM AM A
PM P

20. Volume adequate for processing? Yes Y
 Go To Item 25. No N

21. Creatinine/Albumin RECORD box number.

22.a. Creatinine vial processed? Yes Y
 Go To Item 23.a. No N

b. Creatinine POSITION number.

23.a. Albumin vial processed? Yes Y
 Go To Item 24. No N

b. Albumin POSITION number.

24. Hemostasis vial processed? Yes Y
No N

25. Technician ID for urine samples.

INSTRUCTIONS FOR LABORATORY FORM
LAB, VERSION B, 03/26/96
PREPARED 05/16/97

I. GENERAL INSTRUCTIONS

The LABORATORY Form is completed during the participant's clinic visit to record information on the collection and processing of blood and urine samples. Technicians performing venipuncture and processing blood and urine samples must be certified and should have a working knowledge of the relevant Manuals 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. MEDICAL HISTORY

- 1.a The set of questions of kidney disease are repeated from the AFU Medical History form to update information that was collected previously. A positive response requires a physician diagnosis. The time frame is anytime prior to this interview. Read the question. It should not be necessary to define kidney stones. Continue with item 1.b.
- 1.b Examples of other kidney (renal) diseases are kidney failure, diabetic kidney disease. If NO or UNKNOWN, go to Item 2. If YES, continue with Item 1.c.
- 1.c Read question and record response.

B. FASTING BLOOD DRAWING

2. 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 16.
3. 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, 1993 would be entered as shown below:

0	5	/	0	3	/	9	3
month			day			year	

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

4. 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.
5. Check the participant's Itinerary Sheet, or ask the participant if he/she has had the glucola or the clinic snack.

6. Include all venipuncture attempts by all phlebotomists. The same technician should not attempt a venipuncture more than twice.
7. Do not reapply the tourniquet during tubes #2 - #4. Only reapply the tourniquet after tube #4, and only if this is necessary to spare the participant another stick. Specify if a tourniquet reapplication occurred in Item 16.
8. The phlebotomist who performed the fasting blood drawing procedure enters 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.

C. BLOOD PROCESSING

9. Note the time at which the centrifuge containing tubes 2-4 began to spin. Fill in the fields using leading zeroes where necessary and indicate AM or PM.
10. Note the time at which the centrifuge containing tube #1 began to spin. Fill in the fields using leading zeroes where necessary and indicate AM or PM.
11. Note the time at which samples from tubes 1-4 were placed in the freezer. Fill in the fields using leading zeroes where necessary and indicate AM or PM.
12. Note the time at which the centrifuge containing Tube 6 began to spin. Fill in the fields using leading zeroes where necessary and indicate AM or PM.
13. Note the time at which the sample from Tube 6 was placed in the freezer. Fill in the fields using leading zeroes where necessary and indicate AM or PM.
14. Enter the code number of the technician who began processing the fasting blood samples (tubes 1-4).
15. Enter the code number of the technician who processed the 2 hour post-glucose load sample (tube 6).
16. Include any clarifications or other information relevant to the assays being performed that are not included in the 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.

D. URINE SAMPLE

17. Indicate whether a urine sample was collected. Urine samples that have remained at room temperature for more than 4 hours, or are not processed and placed in the freezer within 12 hours of collection must be discarded. In that case, enter NO and an explanatory note log. If the response category is NO, go to Item 25 and enter your technician ID. If YES, continue.
18. Enter the date on which the urine sample was collected using the standard date format.
19. Transcribe from the participant ID or TIME label on the urine sample container time (in hours and minutes) at which the urine sample was voided. Fill in the fields using leading zeroes where necessary and indicate AM or PM. If the participant voided twice, transcribe the latest time.
20. If urine sample is small, split between the creatinine and albumin vials. If sample is too small to process, select NO and go to Item 25.

21. Enter the RECORD (storage and shipping) BOX Number for the creatinine and albumin samples.
22. If the creatinine sample cannot be processed, select NO (Item 22.a) and go to Item 23.a. If creatinine is processed, record YES (Item 22.a) and the POSITION number of the creatinine aliquot vial in the storage and shipping box (Item 22.b).
23. If the albumin sample cannot be processed, select NO (Item 23.a) and go to Item 24. If albumin is processed, record YES (Item 23.a) and the POSITION number of the albumin aliquot vial in the storage and shipping box (Item 23.b).
24. If the urine sample for the Hemostasis Laboratory cannot be processed, select NO. If this urine sample is processed, select YES. Continue with Item 25.
25. Enter the code number of the technician who processed the urine samples.

