

**Multi-Ethnic Study of Atherosclerosis**



**Phlebotomy**

**Id#:** \_\_\_\_\_

Acrostic: \_\_\_\_\_

**Date:**   /   /      
 Month Day Year

**PARTICIPANT QUESTIONS**

- |   | Yes                   | No                    | Don't Know            |
|---|-----------------------|-----------------------|-----------------------|
| 1 Do you bleed or bruise easily?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 Have you ever been told you have a disorder relating to blood clotting or coagulation?                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 Have you ever experienced fainting spells while having blood drawn?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 Do you have diabetes for which you take insulin or oral hypoglycemics?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 How long ago did you last eat or drink anything other than water? <input type="text"/> <input type="text"/> hours |                       |                       |                       |

**PROCEDURE**

6 Time at start of venipuncture:   :    M

- 7 Was any blood drawn?
- Yes, full sample
  - Yes, partial sample
  - No, refused
  - No, hard to stick
  - No, other:

8 Elapsed time until tourniquet released:    seconds  
*(120-seconds optimum)*

9 Time at end of venipuncture:   :    M

10 Quality of venipuncture:  Traumatic  Clean

- Mark all that apply*
- |  |  |
|--|--|
| <input type="radio"/> Vein collapsed             | <input type="radio"/> Multiple sticks              |
| <input type="radio"/> Hematoma                   | <input type="radio"/> Vein hard to get             |
| <input type="radio"/> Excessive duration of draw | <input type="radio"/> Leakage at venipuncture site |

11 Blood Volume per tube:	Filled			Other (specify volume): <i>min 1/2 full</i>
	Yes	No	Partial	
1. EDTA 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
2. Serum 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
3. CPT 8 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
4. SCAT-1 5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
5. Citrate 4.5 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6. EDTA 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
7. Serum 10 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
8. CPT 8 mL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
12 Urine collection:				<i>min 25 mL</i>
Urine cup	<input type="radio"/>	<input type="radio"/>		<input type="text"/>

- 13 Has participant been selected as a quality control subject? *(Participant ID ends in 4 or 5)*
- NO
  - YES
  - YES, but not enough blood for QC

Comments: \_\_\_\_\_

Phlebotomist ID

Reviewer ID

Data Entry ID