



SPIROMICS-HF BLOOD COLLECTION FORM

ID NUMBER:

FORM CODE: HFB
VERSION: 1.0 12/13/2019

Event: _____

0a) Date of Collection / /

0b) Staff Code

Instructions: This form should be completed during the participant's SPIROMICS Heart Failure Ancillary Study Visit.

BLOOD COLLECTION

1) Did you fast before today's appointment?

- No₀
 Yes₁

2) At what time did you last eat?

: AM₁ / PM₂

3) Blood collection time

: AM₁ / PM₂

4) Number of venipuncture attempts

sticks

5) Any blood drawing incidents or problems?

- No₀ → **Go to 8**
 Yes₁

Instructions: Document problems with blood drawing below. If a problem other than those listed occurred, use Item 7.

6a) Sample not drawn

- No₀ → **Go to 6b**
 Yes₁

6a1) If Yes, please specify which tube(s)? _____

6b) Partial sample drawn

- No₀ → **Go to 6c**
 Yes₁

6b1) If Yes, please specify which tube(s)? _____

6c) Tourniquet reapplied

- No₀ → **Go to 6d**
 Yes₁

6c1) If Yes, please specify which tube(s)? _____

6d) Fist clenching

- No₀ → **Go to 6e**
 Yes₁

6d1) If Yes, please specify which tube(s)? _____

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6e) Needle movement

No₀ → **Go to 6f**

Yes₁

6e1) If Yes, please specify which tube(s)? _____

6f) Participant reclining

No₀ → **Go to 6g**

Yes₁

6f1) If Yes, please specify which tube(s)? _____

6g) Sample re-drawn

No₀ → **Go to 7**

Yes₁

6g1) If Yes, please specify which tube(s)? _____

7) If any other blood drawing problems occurred that are not listed above (e.g., fasting status, etc.), describe incident or problem here.

8) Phlebotomist's staff code

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END OF FORM