

Participant ID

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**HAPO FOLLOW-UP STUDY
SINGLE BLOOD DRAW FORM - MOTHER**

1. Visit date:	201__ / __ / __ Year Mo Day
Consent	
2. Did the participant consent to having their blood and urine samples stored at the United States National Institutes of Health for future use by non-HAPO Follow-Up Study investigators? CHECK ONLY ONE BOX	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Did the participant consent to having a sample for DNA drawn? CHECK ONLY ONE BOX	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If No, do NOT draw the sample for DNA.)</i>	

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Blood Samples	
4. Was the sample for glucose drawn? CHECK ONLY ONE BOX [4 ml Grey top tube, Bar-code label 700, invert 6 times, place on ice]	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Was the sample for insulin/C-peptide drawn? CHECK ONLY ONE BOX [6 ml Red top tube, Bar-code label 701, do NOT mix, stand at room temperature]	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Was the sample for lipids drawn? CHECK ONLY ONE BOX [6 ml Red top tube, Bar-code label 702, do NOT mix, stand at room temperature]	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Was the sample for storage drawn? CHECK ONLY ONE BOX [6 ml Red top tube, Bar-code label 703, do NOT mix, stand at room temperature]	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Was the sample for DNA drawn? CHECK ONLY ONE BOX [4 ml Purple top tube, Bar-code label 704, invert 6 times, place on ice]	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Was the sample for A1c drawn? CHECK ONLY ONE BOX [4 ml Purple top tube, Bar-code label 705, invert 6 times, place on ice]	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Time samples drawn (24-hour clock):	__ __ : __ __
Blood Draw Side Effects	
11. Were any of the following observed or reported to you subsequent to the blood draw? CHECK ALL THAT APPLY	<input type="checkbox"/> None <input type="checkbox"/> Injury to the vein <input type="checkbox"/> Bruising at the site <input type="checkbox"/> Infection at the site <input type="checkbox"/> Other
<i>(If "Other", please specify: _____)</i>	

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Sample Handling	
12. Were all samples sent for processing? CHECK ONLY ONE BOX	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>NOTE: If blood drawing was not completed for any reason, answer Question 28 on TEST QUALIFICATION FORM – MOTHER.</i>	
13. HAPO staff ID of person drawing blood samples:	_____
Form Completion	
14. HAPO staff ID of person entering data into Data Entry System:	_____