Form PPCF: Phlebotomy Collection Form

	SECTION A: KEY IDENTIFYING INFORMATION								
A1.	Subject identification number MASTER_ID								
A2.	Date of phlebotomy PHLEB_D	M M	/	D	D	/	YY	YY	
A3.	Start time (24 hour clock) STARTTIME	Н	Н			:	M	M	
A4.	Date of form completion COMP_D	M M	/	D	D	/	YY	YY	
A5.	Phlebotomist ID number PHLEBID								
SECTION B: INTERVIEW									
SCR	IPT: Now I am going to draw your blood. I	First I need	l to as	k yo	u sor	ne qu	uestions:		
B1.	Do you currently take blood thinners (Warfarin or Coumadin) or do you have hemophilia? BLOODTHR								
		YES	1	(EN	ID)	NO		2	
B2.	What time did you wake up? (24 hour clo	ock) TMWK	(UP						
						:			
		Н	Н			:	M	М	
B3.	Have you fasted for at least 8 hours? FAST8HRS	YES			1	NO		2	
B4.	Have you had anything alcoholic in the past 8 hours? DRNK8HRS								
		YES1 NO2							
B5.	Have you had anything with caffeine in the	ne past 8 h	ours?	CAI	FF8H	IRS			
		YES			1	NO		2	
B6.	At what time did you last have any food or beverage? TMFOOD								
						:			
		Н	Н			:	M	M	
	SECTION C:	BLOOD [DRAW						
C1.	Time of 1 st attempt (24 hour clock) TMBLDR_1					:			
	a. Arm for first attempt ARMBLDR_1	H LEFT	Н		1	: RIG	М ЭНТ	M 2	
	a ioi mot attompt / it time Est _ 1								
Pre-L	Diabetes Study Form PPCF	Vers	ion A:	01/0	4/201	0	1	Page 1 of 4	

Phlebotomy Form

	Boston Area Community H	GPR	GPRED-427			
	b. Was first attempt successful? SUCCESS	YES	1 (0	C3) NO		2
C2.	Time of 2 nd attempt (24 hour clock) TIMBLDR_2			:		
		Н	Н	:	M	M
	a. Arm for second attempt ARMBLDR_2	LEFT		1 RIG	HT	2

C3.	Lict	the specimens collected	4	Resp	1.						
C 3.	LIST	the specimens conected	u	YES	Volume drawn						
	a.	SST 1 SST_1 (SST1_)	(OL)	1	NO 2	Г		Volun		awn	mL
	a. b.	SST 2 SST_2 (SST2_\)	•	1	2				+		mL
	D. С.	Red Top 1 REDTOP1	VOL)	1	2				1.		mL
	d.	(REDTOP1_VOL) Lavender Top 1 LAVTO	OP1	1	2	-					mL
	e.	(LAVTOP1_VOL) Lavender Top 2 LAVT(OP2	1	2	_					mL
		(LAVTOP2_VOL)									
C4.	. Was draw completed? DRAW_CMPLTD										
				YES			1	NO		2(C4a)
	a.	Why was draw not con	npleted? NOT_	_CMPL1	D						
				UNSUCCESSFUL ATTEMPTS 1							
				SUBJE	CT RE	FUS	AL				2
				OTHER 99 (C4a1)							
	a1. Specify other reason why blood draw was not completed: NT_CMPLTD_SP										
			SECTION D): RES	JLTS						
D1.	Her	noCue 201 (mg/dL) HEI	MOCUE								
	Was the HemoCue measurement taken using venous blood (from blood draw) or									r	
	capillary blood (finger stick)? HEM_MSMT										
		VENOUS BLOOD 1									1
				CAPIL	LARY B	LOC	D				2
D2.	VeraLight (mg/dL) VERALIGHT										
D3.	Comments: please note if there were any unusual circumstances: UNUCOMMT										
DS.	Coi	ninents. piease note ii ti	nere were arry	unusua	Circuit	ısıarı	ces. C	JNUC	Olvilv	11	
D.4		Library (OA bassar ala ala) EN									
D4.	End time (24 hour clock) ENDTM			Н	H	l	:		М		M
SECTION E: FOLLOW-UP											
E1.	ls a	blood re-draw needed?					1	NO		2 (E	ND)
	\:ab a4	betes Study Form PPCF Version A: 01/04/2010 Page 3 of omy Form						0 05 4			

Boston Area Community Health Survey: Pre-Diabetes Study	GPRED-427
Form PPCF: Phlebotomy Collection Form	