

**DAISY  
FINGER POKE SPECIMEN COLLECTION SHEET**

SUBJECT NAME: \_\_\_\_\_

COLLECTION DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

SUBJECT'S HEIGHT: \_\_\_\_\_

SUBJECT'S WEIGHT: \_\_\_\_\_

Was this a self-reported height and weight? Yes /No

AMOUNT OF BLOOD COLLECTED: \_\_\_\_\_ 1 tube \_\_\_\_\_ 2tubes \_\_\_\_\_

Please fill each tube to at least the **400** mark

Circle number of tubes collected

**Please place this and all forms in the FedEx Pak that will be sent back to DAISY.  
Thank You!**

- Diet survey (yellow sheet)
- Food Frequency Questionnaire
- W9
- Consent (if included)