

FAVORIT

SCREENING PHLEBOTOMY FORM: COLLECTION

Folic Acid for Vascular Outcome
Reduction in Transplantation

FORM CODE: SPC VERSION: C 12/12/2003

ID NUMBER:

CONTACT OCCASION:

SEQUENCE NUMBER:

PATIENT LAST NAME:

FIRST/MIDDLE INITIALS:

SCREENING PHLEBOTOMY FORM: COLLECTION (SPCC Screen 1 of 3)

A. PARTICIPANT CHARACTERISTICS

1. Date of Birth:

/ /

Month Day Year

2. Sex: M Male

F Female

3. Weight: Lbs.

SPC1

SPC2

SPC3

4. How would you describe your racial background? If you have a mixed background, please indicate all that apply.

Yes No

a. American Indian or Alaska Native

Y N

b. Asian

Y N

c. Black or African American

Y N

d. Native Hawaiian or Other Pacific Islander

Y N

e. White

Y N

Moved from
REL 4/11/03

SPC4A

SPC4B

SPC4C

SPC4D

SPC4E

SCREENING PHLEBOTOMY FORM: COLLECTION (SPCC Screen 2 of 3)

5. Which of the following best describes your ethnic identification:

H Hispanic or Latino

N Neither Hispanic nor Latino

6. Was the participant's current kidney graft from a living or cadaver donor?

L Living related donor

U Living unrelated donor

C Cadaver donor

SPC5

Moved from
REL 4/11/03

SPC6

Moved from
REL 4/11/03

7. Date current kidney graft performed:

/ /

Month Day Year

SPCC7

8. Has the participant received a pancreas transplant?

Y Yes

N No Go to item 10

SPCC8

9. Date of pancreas transplant:

/ /

Month Day Year

SPCC9

SCREENING PHLEBOTOMY FORM: COLLECTION (SPCC Screen 3 of 3)

B. PHLEBOTOMY

10. Date of blood draw:

/ /

Month Day Year

SPC4

11. a. Time of blood draw:

:

Hour Minute

SPC5A

b. A AM

P PM

SPC5B

12. Last ingestion of anything other than water or medication:

SPC6A

a. Date:

/ /

Month Day Year

12. (continued)

b. Time:

:

Hour Minute

SPC6B

c. A AM

P PM

SPC6C

13. Specimens collected:

Yes No

a. Lavender Top Tube (5 mL)

Y N

b. Marble Top Tube (5 mL)

Y N

SPC7A

SPC7B

14. Phlebotomist's Initials:

Blind_staff_ID

FAVORIT

SCREENING PHLEBOTOMY FORM: COLLECTION

Folic Acid for Vascular Outcome
Reduction in Transplantation

FORM CODE: SPC VERSION: B 4/11/2003

ID NUMBER:

CONTACT OCCASION:

SEQUENCE NUMBER:

PATIENT LAST NAME:

FIRST/MIDDLE INITIALS:

SCREENING PHLEBOTOMY FORM: COLLECTION (SPCB Screen 1 of 3)

A. PARTICIPANT CHARACTERISTICS

1. Date of Birth:

Month Day Year

SPC1

2. Sex: M Male

F Female

SPC2

3. Weight: Lbs.

SPC3

4. How would you describe your racial background? If you have a mixed background, please indicate all that apply.

Yes No

a. American Indian or Alaska Native

Y N

SPC4A

b. Asian

Y N

SPC4B

c. Black or African American

Y N

SPC4C

d. Native Hawaiian or Other Pacific Islander

Y N

SPC4D

e. White

Y N

SPC4E

Moved from
REL 4/11/03

SCREENING PHLEBOTOMY FORM: COLLECTION (SPCB Screen 2 of 3)

5. Which of the following best describes your ethnic identification:

- H Hispanic or Latino
N Neither Hispanic nor Latino

SPC5

Moved from
REL 4/11/03

6. Was the participant's current kidney graft from a living or cadaver donor?

- L Living related donor
U Living unrelated donor
C Cadaver donor

SPC6

Moved from
REL 4/11/03

B. PHLEBOTOMY

SPC4

7. Date of blood draw:

Month Day Year

8. Time of blood draw:

a.

Hour Minute

b. A AM

SPC5B

P PM

SPC5A

SCREENING PHLEBOTOMY FORM: COLLECTION (SPCB Screen 3 of 3)

9. Last ingestion of anything other than water or medication:

a. Date:

Month Day Year

SPC6A

b. Time:

Hour Minute

c. A AM

SPC6C

P PM

SPC6B

10. Specimens collected:

Yes No

a. Lavender Top Tube (5 mL)

Y N

SPC7A

b. Marble Top Tube (5 mL)

Y N

SPC7B

11. Phlebotomist's Initials:

Blind_staff_ID



SCREENING PHLEBOTOMY FORM: COLLECTION

Folic Acid for Vascular Outcome
Reduction in Transplantation

FORM CODE: SPC VERSION: A 12/20/01

ID NUMBER:

CONTACT OCCASION:

SEQUENCE NUMBER:

PATIENT LAST NAME:

FIRST/MIDDLE INITIALS:

SCREENING PHLEBOTOMY FORM: COLLECTION (SPCA Screen 1 of 2)

1. Date of Birth: / / **SPC1**
Month Day Year

2. Sex: M Male **SPC2**
F Female

3. Weight: Lbs. **SPC3**

SCREENING PHLEBOTOMY FORM: COLLECTION (SPCA Screen 2 of 2)

4. Date of blood draw: **SPC4**
Month Day Year

7. Specimens collected:	Yes	No
a. Lavender Top Tube (5 mL)	Y	N SPC7A
b. Marble Top Tube (5 mL)	Y	N SPC7B

5. Time of blood draw: **SPC5A**
a. : b. A AM **SPC5B**
Hour Minute P PM

8. Phlebotomist's Initials: **Blind_staff_ID**

6. Last ingestion of anything other than water or medication: **SPC6**
a. Date:
Month Day Year

b. Time: **SPC4**
 : c. A AM
Hour Minute P PM