☐ **Data Entry Done**

Participant ID

Affix label here

HAPO FOLLOW-UP STUDY
SINGLE BLOOD DRAW FORM - CHILD

1. Visit date:	**2 0 1** __ **/** __ __ **/** __ __ Year Mo Day

Consent

2. Did the participant's mother consent to having her HAPO child's 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

☐ Yes
☐ No

3. Did the participant's mother consent to having a sample for DNA drawn for her child? CHECK ONLY ONE BOX

*(If No, do **NOT** draw the sample for DNA.)*

☐ Yes
☐ No

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Blood Samples		
4. Was the sample for glucose drawn? CHECK ONLY ONE BOX [2 ml Grey top tube, Bar-code label 600, invert 6 times, place on ice]	☐ Yes ☐ No	
5. Was the sample for insulin/C-peptide drawn? CHECK ONLY ONE BOX [2 ml Red top tube, Bar-code label 601, do NOT mix, stand at room temperature]	☐ Yes ☐ No	
6. Was the sample for hsCRP and lipids drawn? CHECK ONLY ONE BOX [4 ml Red top tube, Bar-code label 602, do NOT mix, stand at room temperature]	☐ Yes ☐ No	
7. Was the sample for storage drawn? CHECK ONLY ONE BOX [4 ml Red top tube, Bar-code label 603, do NOT mix, stand at room temperature]	☐ Yes ☐ No	
8. Was the sample for DNA drawn? CHECK ONLY ONE BOX [3 ml Purple top tube, Bar-code label 604, invert 6 times, place on ice]	☐ Yes ☐ No	
9. Was the sample for A1c drawn? CHECK ONLY ONE BOX [3 ml Purple top tube, Bar-code label 605, invert 6 times, place on ice]	☐ Yes ☐ 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

☐ None
☐ Injury to the vein
☐ Bruising at the site
☐ Infection at the site
☐ Other

(If "Other", please specify: _____)

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Participant ID

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Sample Handling

12. Were all samples sent for processing?
CHECK ONLY ONE BOX

☐ Yes
☐ No

NOTE: If blood drawing was not completed for any reason, answer Question 26 on TEST QUALIFICATION FORM – CHILD.

13. HAPO staff ID of person drawing blood samples: __ __ __ __ __ __

Form Completion

14. HAPO staff ID of person entering data into Data Entry System: __ __ __ __ __ __