



Participant ID #:

Acrostic:

Phlebotomist ID:

Date:

/

/

Month

Day

Year

QC ID:

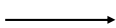
## Urine / Phlebotomy

### PARTICIPANT QUESTIONS

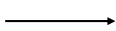
	Yes	No	Don't know
1. Do you bleed or bruise easily?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have you ever been told you have a disorder relating to blood clotting or coagulation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Have you ever experienced fainting spells while having blood drawn?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you have diabetes for which you take insulin or oral hypoglycemics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### PROCEDURE

5. Was urine sample filled?

☐ Yes

Skip to #6

☐ No☐ Partial

mL

Why was urine sample not taken?

☐ Participant unable to void☐ Refused☐ Other:

6. Time at start of venipuncture:

:

Hr

Min

☐ AM☐ PM

7. Was any blood drawn?

☐ Yes, full sample☐ Yes, partial sample☐ No, refused☐ No, hard to stick☐ No, other:8. Elapsed time until  
tourniquet released:

seconds

(120-seconds optimum)

9. Time at end of  
venipuncture:

:

Hr

Min

☐ AM☐ PM



## Exam 6A

### Urine / Phlebotomy

10. Quality of venipuncture: ☐ Traumatic ☐ Clean



Mark all  
that apply

☐ Vein collapsed

☐ Excessive duration of draw

☐ Vein hard to get at

☐ Hematoma

☐ Multiple sticks

☐ Leakage at venipuncture site

If tube is not full, but is at least half full, please indicate "Partial" and enter the volume to the nearest mL.

11. Blood volume per tube:

**Filled**

Specify  
volume (mL):  
*min 1/2 full*

Exam 6A:

Yes

No

Partial

a. Serum 7.5 mL

☐

☐

☐

*Include if consented to vitD study*

b. Paxgene 2.5 mL

☐

☐

☐

*Include if consented to vitD study*

12. Participant selected as a quality control subject?

**(Blood)**

☐ NO

☐ YES

☐ YES, but not enough  
blood for QC

**(Urine)**

☐ NO

☐ YES

☐ YES, but not enough  
urine for QC

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_