



The Framingham Heart Study LABORATORY

CELL LINE VENIPUNCTURE FORM

PARTICIPANT INFORMATION

ID: ____ - _____ Cohort Offspring Gen3 Omni Gen2 NOS

Exam: _____

Name: _____

Date: ____ / ____ / ____

Type of Appointment: _____

0 = clinic	4 = remote
1 = home visit	5 = osteo
2 = nursing home	6 = blood only
3 = hospital	7 = other

Comments: _____

PHLEBOTOMIST USE ONLY

Phlebotomist Name: _____

Date of Blood Draw: ____ / ____ / ____

Samples Obtained: Yes No Number of tubes: _____

If blood draw only; Consent received: Yes No

Comments: _____

Numbers for Participants who are alive and do not have a successful cell line through October 31, 2007.

IDTYPE	Frequency	Cumulative Percent	Cumulative Frequency	Percent
Original	93	11.80	93	11.80
Offspring	642	81.47	735	93.27
Gen 3	53	6.73	788	100.00