OMB #: 0925-xxxx
Expiration Date: xx/xxxx

National Children's Study

T3 Mother Blood Draw Data Collection Form

Part A: Administrative

Date: |__|__| / |__|__| / |__|2___0_|__|__|

Assignment ID: |___|___|___|___|___|___|

Participant ID: |___|___|___|___|___|___|

Data Collector ID: |___|___|___|___|

Site ID: |___|___|___|___|

Participant's age |__|__| years

Section Status (Select one)
- Complete ☐ 1
- Partial Complete ☐ 2
- Not Done ☐ 3

Reason for Not Done/Partial (Select one)
- Safety Exclusion ☐ 1
- Physical Limitations ☐ 2
- Participant III/Emergency ☐ 3
- Equipment Failure ☐ 4
- Communication Problem ☐ 5
- No Time ☐ 6
- Other Specify_____ ☐ 96
- Refused ☐ 97

Part B: Blood Collection Questions

1) Do you have hemophilia or any bleeding disorder?
☐ 1 Yes (Go to Part C) ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

2) Do you take any blood-thinning medication, such as Coumadin or Warfarin?
☐ 1 Yes (Go to Part C) ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

3) Have you had cancer chemotherapy within the past 4 weeks?
☐ 1 Yes (Go to Part C) ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

4) Have you had any problems with a blood draw in the past?
☐ 1 Yes ☐ 2 No (Go to Q 6)
☐ 97 Refuse (Go to Q 6) ☐ 98 Don't Know (Go to Q 6)

5). What problems did you have with a blood draw in the past? (Check all that apply)
- Fainting ☐ 4
- Light-Headedness ☐ 5
- Hematoma ☐ 6
- Bruising ☐ 7
- Other, Specify_____ ☐ 96
- Refuse ☐ 97
- Don't Know ☐ 98

6) When was the last time you had anything to eat or drink? |__|__|:|__|__| ☐. 1 am ☐ 2 pm

Public reporting burden for this collection of information is estimated to average 11 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx*). Do not return the completed form to this address.

7) Is this a fasting blood sample? (*If the answer to Question 6 is less than 8 hours ago the answer is No.*)

☐ 1 Yes ☐ 2 No

8) Have you had coffee or tea today? ☐ 1 Yes ☐ 2 No ☐ 97 Refuse ☐ 98 Don't Know

9) Have you had alcohol such as beer wine or liquor today? ☐ 1 Yes ☐ 2 No ☐ 97 Refuse ☐ 98 Don't Know

10) Have you chewed gum, used breath mints, lozenges or cough drops, or other cough or cold remedies today? ☐ 1 Yes ☐ 2 No ☐ 97 Refuse ☐ 98 Don't Know

11) Have you used antacid, laxatives, or anti-diarrheals today? ☐ 1 Yes ☐ 2 No ☐ 97 Refuse ☐ 98 Don't Know

12) Have you taken a dietary supplement such as vitamins or minerals today?

☐ 1 Yes ☐ 2 No ☐ 97 Refuse ☐ 98 Don't Know

Part C Saliva Collection (Only use if blood collection is refused or not possible)

13) Because you {*have hemophilia; are taking blood thinning medication; have had chemotherapy recently*} we will not be able to draw your blood at this time. Several measures that are performed in blood can be measured in saliva. Are you able to provide a saliva sample? ☐ 1 Yes ☐ 2 No

BE SURE TO REVIEW SALIVA SAMPLE COLLECTION INSTRUCTIONS WITH THE PARTICIPANT

Kit ID: |___|___|___|___|___|___|___|___|___|___|___|___|

Data Collector ID: |___|___|___|___|

Saliva Status

☐ 1 Collected ☐ 2 Not Collected

Reason for not collecting:

No Time	☐ 1	Other, Specify_____	☐ 96
Participant Ill/Emergency	☐ 2	Refuse	☐ 97
Equipment Failure	☐ 3	Could Not Obtain	☐ 99

Saliva Comments:

_____

_____

_____

_____

Part D Tubes to be drawn		
Kit ID: |___|___|___|___|___|___|___|___|___|___|___|___|		
Data Collector ID: |___|___|___|___|		
Red top (10ml)	☐ 1 Collected ☐ 2 Not Collected **Reason for not collecting:** No Time ☐ 1 Participant Ill/Emergency ☐ 2 Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5	Hematoma ☐ 6 Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 No Suitable Vein ☐ 9 Other, Specify_________ ☐96 Refuse ☐97
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|___|	
Red top (10ml)	☐ 1 Collected ☐ 2 Not Collected **Reason for not collecting:** No Time ☐ 1 Participant Ill/Emergency ☐ 2 Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5	Hematoma ☐ 6 Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 No Suitable Vein ☐ 9 Other, Specify_________ ☐96 Refuse ☐97
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|___|	
Red top (10ml)	☐ 1 Collected ☐ 2 Not Collected **Reason for not collecting:** No Time ☐ 1 Participant Ill/Emergency ☐ 2 Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5	Hematoma ☐ 6 Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 No Suitable Vein ☐ 9 Other, Specify_________ ☐96 Refuse ☐97
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|___|	
PBMC (10ml)	☐ 1 Collected ☐ 2 Not Collected **Reason for not collecting:** No Time ☐ 1 Participant Ill/Emergency ☐ 2 Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5	Hematoma ☐ 6 Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 No Suitable Vein ☐ 9 Other, Specify_________ ☐96 Refuse ☐97

Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|___|	
Lavender EDTA (10ml)	☐ 1 Collected ☐ 2 Not Collected **Reason for not collecting:** No Time ☐ 1 Participant Ill/Emergency ☐ 2 Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5	Hematoma ☐ 6 Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 No Suitable Vein ☐ 9 Other, Specify_____ ☐96 Refuse ☐97
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|___|	
Lavender EDTA (10ml)	☐ 1 Collected ☐ 2 Not Collected **Reason for not collecting:** No Time ☐ 1 Participant Ill/Emergency ☐ 2 Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5	Hematoma ☐ 6 Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 No Suitable Vein ☐ 9 Other, Specify_____ ☐96 Refuse ☐97
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|___|	
Gray top NaF (4 ml)	☐ 1 Collected ☐ 2 Not Collected **Reason for not collecting:** No Time ☐ 1 Participant Ill/Emergency ☐ 2 Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5	Hematoma ☐ 6 Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 No Suitable Vein ☐ 9 Other, Specify_____ ☐96 Refuse ☐97
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|___|	
PAX GENE RNA (10ml)	☐ 1 Collected ☐ 2 Not Collected **Reason for not collecting:** No Time ☐ 1 Participant Ill/Emergency ☐ 2 Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5	Hematoma ☐ 6 Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 No Suitable Vein ☐ 9 Other, Specify_____ ☐96 Refuse ☐97
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|___|	

Blood Collection Comment:_____

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