For Office Use Only
Participant # __ __ __ __ __
Assignment #

**National Children's Study**

# Birth Maternal Blood Data Collection Form

| **Part A: Administrative** | |
|---|---|
| Mother's name:_____<br>Name of Hospital_____<br>SC/VC ID: _____ | Date of collection:_____/_____/_____<br>Time of collection: _____:_____ am pm<br>Staff ID_____ Hospital NCS |

| **Part B: Precollection Questions** | |
|---|---|
| Do you have hemophilia or any bleeding disorder? | ☐ Yes ☐ No<br>☐ Don't Know ☐ Refused |
| Do you take any blood-thinning medication, such as Coumadin or Warfarin? | ☐ Yes ☐ No<br>☐ Don't Know ☐ Refused |
| Have you had cancer chemotherapy within the past 4 weeks? | ☐ Yes ☐ No<br>☐ Don't Know ☐ Refused |
| Have you had any problems with a blood draw in the past? | ☐ Yes<br>☐ Fainting ☐ Light-Headedness<br>☐ Hematoma ☐ Bruising<br>☐ Other<br>☐ No<br>☐ Don't Know ☐ Refused |
| When was the last time you had anything to eat or drink, other than water? | Time: _____: ____ am pm<br>☐ Don't Know ☐ Refused |

| **Part C: Samples Collected** | |
|---|---|
| Kit ID:_____ | |
| Position of participant: | ☐ Sitting ☐ Reclining |

| **Tube type** | **Sample ID** |
|---|---|
| 3 mL prescreened Lavender EDTA tube for metals | |
| 10 mL Red Top #1 | |
| 10 mL Red Top #2 | |
| 10 mL Red Top #3 | |

| **Part D: Comments** |
|---|
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