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

National Children's Study

Child 12 Months Blood Draw Data Collection Form

Part A: Administrative

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

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

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

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

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

Participant's age |__|__| months

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

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

Part B: Blood Collection Questions (Ask these questions at all visits when blood is drawn for the child.)

1) Does _____ (child's name) have hemophilia or any bleeding disorder?

☐ 1 Yes (Go to Part C) ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

2) Does _____ (child's name) 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) Has _____ (child's name) had cancer chemotherapy within the past 4 weeks?

☐ 1 Yes (Go to Part C) ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

4) Has _____ (child's name) 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)

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.

5). What problems did _____ (child's name) have with a blood draw in the past? (Check all that apply)

Fainting	☐1
Light-Headedness	☐2
Hematoma	☐3
Bruising	☐4
Other Specify_____	☐96
Refused	☐97
Don't Know	☐97

6) When was the last time _____ (child's name) had anything to eat or drink?

|__|__|:|__|__| ☐ 1 am ☐ 2 pm

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

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

8) Because your child {*has hemophilia; is taking blood thinning medication; has had chemotherapy recently*} we will not be able to draw his/her blood at this time. Several measures that are performed in blood can be measured in saliva. Is _____ (child's name) able to provide a saliva sample? ☐ 1Yes ☐ 2 No

BE SURE TO REVIEW SALIVA SAMPLE COLLECTION INSTRUCTIONS WITH THE PARTICIPANT

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

9) Saliva collection status ☐ 1 Collected ☐ 2 Not Collected

Reason for not collecting

No Time	☐1
Participant III/Emergency	☐2
Equipment Failure	☐3
Other Specify_____	☐96
Refused	☐97
Don't Know	☐98
Could Not Obtain	☐99

Saliva Comments:

_____

_____

_____

_____

Part D Tubes to be drawn for Child at 12 Months

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

Red top (5ml)	☐ 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 Don't Know ☐98
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|___|	
Red top (5ml)	☐ 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 Don't Know ☐98
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|___|	
Lavender top (6ml)	☐ 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 Don't Know ☐98
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|___|	
Pre-screened lavender top (3ml)	☐ 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 Don't Know ☐98
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|___|	

Blood Collection Comment:_____

_____

_____

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