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- Affix label here-

Clinical Center/ID: _____ - _____
 First Name _____ M.I. _____
 Last Name _____

BLOOD REQUEST: (Home Visit)

Blood Collection Tube	Three 7 ml Red	Two 4.5 ml Light Blue		One 10 ml Lavender		
Cryovials	Four 1.8 ml Serum	Three 1.8 ml Plasma	1 Buffy coat	Lipid Panel Three 1.8 ml Plasma	1 RBC	1 Buffy Coat

BLOOD COLLECTION

- Date blood drawn: _____ (M/D/Y)
- Drawn by: _____
- Contact type: ₄ Home Visit
₈ Other
- Visit type: ₄ Non-Routine
- Time drawn: _____ : _____ (Hr:Min) ₁ AM ₂ PM

BLOOD COLLECTION CHECKLIST

6. "How long since you had anything to eat or drink besides water?" _____ hours
 (If you are drawing for a lipid panel and this is less than 12 hours, do not draw blood. Arrange a time when the woman can come in for a fasting blood draw.)

7.1. "Have you engaged in any vigorous physical activity in the last eight hours?"

₀ No ₁ Yes

7.2. "Have you taken any aspirin or anti-inflammatory agents in the last 48 hours?"

₀ No ₁ Yes

8. WHI blood sample number:

- Affix blood sample "Form" label here and on back of form -

K_____

BLOOD PROCESSING

9. Processed by: _____

10. Time began centrifugation: : (Hr:Min) ₁ AM ₂ PM

12. Time sample placed in cryovials: : (Hr:Min) ₁ AM ₂ PM

13. Time cryovials placed in freezer: : (Hr:Min) ₁ AM ₂ PM

14. WHI blood sample number: - Affix blood sample "Form" label here and on back of form -

Orig Tube Color	Sample	15. Cryovial Number	16. Mark if Sample Processed
Red	Serum	<input type="text"/> 0 <input type="text"/> 2	<input type="checkbox"/> ₁
Red	Serum	<input type="text"/> 0 <input type="text"/> 3	<input type="checkbox"/> ₁
Red	Serum	<input type="text"/> 0 <input type="text"/> 4	<input type="checkbox"/> ₁
Red	Serum	<input type="text"/> 0 <input type="text"/> 5	<input type="checkbox"/> ₁
Light Blue	Citrate plasma	<input type="text"/> 0 <input type="text"/> 6	<input type="checkbox"/> ₁
Light Blue	Citrate plasma	<input type="text"/> 0 <input type="text"/> 7	<input type="checkbox"/> ₁
Light Blue	Citrate plasma	<input type="text"/> 0 <input type="text"/> 8	<input type="checkbox"/> ₁
Lavender 10ml	EDTA plasma	<input type="text"/> 1 <input type="text"/> 0	<input type="checkbox"/> ₁
Lavender 10ml	EDTA plasma	<input type="text"/> 1 <input type="text"/> 1	<input type="checkbox"/> ₁
Lavender 10ml	EDTA plasma	<input type="text"/> 1 <input type="text"/> 2	<input type="checkbox"/> ₁
Lavender 10ml	Buffy Coat	<input type="text"/> 1 <input type="text"/> 3	<input type="checkbox"/> ₁
Lavender 10ml	RBC	<input type="text"/> 1 <input type="text"/> 4	<input type="checkbox"/> ₁
Light Blue 10 ml	Buffy Coat	<input type="text"/> 2 <input type="text"/> 0	<input type="checkbox"/> ₁

Instructions to WHI Staff under development