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

National Children's Study

Adult Blood Data Collection Form-T1 Mom

(Only for use when CHITA is not available)

Part A: Administrative

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

Data Collector ID: |____|____|____|____|

Visit location: Home ☐ 1 Clinic/Office ☐ 2

Time kit opened: |__|__|:|__|__|
am ☐ 1 pm ☐ 2

Place Adult Blood Collection –T1 Mom or Saliva BNC Collection Kit Label Here

Time collection stopped: |__|__|:|__|__|
am ☐ 1 pm ☐ 2

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

Reason for Not Done/Partial (Select one)
- SP Refusal (Go to Part D) ☐ 1
- SP III/ Emergency ☐ 3
- No Time ☐ 4
- Safety Exclusions (Go to Part D) ☐ 10
- Physical Limitation (Go to Part D) ☐ 11
- Quantity Not Sufficient ☐ 14
- Defective Collection Kit ☐ 15
- Language Issue, Spanish ☐ 17
- Language Issue, Non-Spanish ☐ 18
- Cognitive Disability ☐ 20
- No Time (no appt. set for next data collection) ☐ 25
- Other, Specify_____ ☐ 96

Part B: Blood Pre-Screening Questions (Ask these questions at all visits when blood is drawn.)

1) Do you have hemophilia or any bleeding disorder?

Yes (Go to Part D) ☐ 1 No ☐ 2
Refused ☐ 97 Don't know ☐ 98

2) Do you take any blood thinning medication, such as Coumadin or warfarin?

Yes (Go to Part D) ☐ 1 No ☐ 2
Refused ☐ 97 Don't know ☐ 98

3) Have you had cancer chemotherapy within the past 4 weeks?

Yes (Go to Part D) ☐ 1 No ☐ 2
Refused ☐ 97 Don't know ☐ 98

4) Have you had any problems with a blood draw in the past?

Yes ☐ 1 No (Go to Part C) ☐ 2
Refused (Go to part C) ☐ 97 Don't know (Go to Part C) ☐ 98

5). What problems did you 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 ☐ 98

Part C: Blood Collection Tubes		
LP01 3mL Lavender Prescreened	Collected ☐ 1 Partial Collected ☐ 2 Not Colleted ☐ 3	
	Reason for not collected or partial: Equipment failure ☐ 3 Fainting ☐ 4 Light-headedness ☐ 5 Hematoma ☐ 6	Bruising ☐ 7 Vein collapsed during the procedure ☐ 8 Other, Specify_____ ☐ 96 Refused ☐ 97
RD01 10 mL Red Top 01	Collected ☐ 1 Partial Collected ☐ 2 Not Colleted ☐ 3	
	Reason for not collected or partial: Equipment failure ☐ 3 Fainting ☐ 4 Light-headedness ☐ 5 Hematoma ☐ 6	Bruising ☐ 7 Vein collapsed during the procedure ☐ 8 Other, Specify_____ ☐ 96 Refused ☐ 97
RD04 10mL Red Top 04	Collected ☐ 1 Partial Collected ☐ 2 Not Colleted ☐ 3	
	Reason for not collected or partial: Equipment failure ☐ 3 Fainting ☐ 4 Light-headedness ☐ 5 Hematoma ☐ 6	Bruising ☐ 7 Vein collapsed during the procedure ☐ 8 Other, Specify_____ ☐ 96 Refused ☐ 97
RD03 10 mLRed top 03 SST	Collected ☐ 1 Partial Collected ☐ 2 Not Colleted ☐ 3	
	Reason for not collected or partial: Equipment failure ☐ 3 Fainting ☐ 4 Light-headedness ☐ 5 Hematoma ☐ 6	Bruising ☐ 7 Vein collapsed during the procedure ☐ 8 Other, Specify_____ ☐ 96 Refused ☐ 97

LV03 Lavender Top 03 6 mL EDTA	Collected ☐ 1 Partial Collected ☐ 2 Not Colleted ☐ 3	
	Reason for not collected or partial:	Bruising ☐ 7
	Equipment failure ☐ 3	Vein collapsed during the procedure ☐ 8
	Fainting ☐ 4	Other, Specify_____ ☐ 96
	Light-headedness ☐ 5	Refused ☐ 97
	Hematoma ☐ 6	
LV02 Lavender Top 02 PPT	Collected ☐ 1 Partial Collected ☐ 2 Not Colleted ☐ 3	
	Reason for not collected or partial:	Bruising ☐ 7
	Equipment failure ☐ 3	Vein collapsed during the procedure ☐ 8
	Fainting ☐ 4	Other, Specify_____ ☐ 96
	Light-headedness ☐ 5	Refused ☐ 97
	Hematoma ☐ 6	
LV04 Lavender Top 04 P100	Collected ☐ 1 Partial Collected ☐ 2 Not Colleted ☐ 3	
	Reason for not collected or partial:	Bruising ☐ 7
	Equipment failure ☐ 3	Vein collapsed during the procedure ☐ 8
	Fainting ☐ 4	Other, Specify_____ ☐ 96
	Light-headedness ☐ 5	Refused ☐ 97
	Hematoma ☐ 6	

Blood Collection Comment:_____

_____

_____

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

Because you have hemophilia, are taking blood thinning medication, have had chemotherapy recently, or refused the blood draw, 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? **Yes** ☐ **1** **No** ☐ **2**

BE SURE TO REVIEW SALIVA SAMPLE COLLECTION INSTRUCTIONS WITH THE PARTICIPANT

Collected ☐ 1 Partial Collected ☐ 2 Not Colleted ☐ 3

Reason not done or partial: No time ☐ 1 SP Ill/Emergency ☐ 2 Equipment failure ☐ 3	Other, Specify_____ ☐ 96 Refuse ☐ 97 Could not obtain ☐ 99

Saliva Comments:

_____

_____

_____

Part E: Transport Temperatures

Time placed in cold compartment for transport to SPSC: **|__|__|:|__|__|** am ☐ 1 pm ☐ 2

Cold Compartment temperature: **|__|__|.|__|** °C

Cold Compartment Upper (15 °C) Temperature Threshold Monitor has been activated Yes ☐ 1 No ☐ 2

Cold Compartment Lower (0 °C)Temperature Threshold Monitor has been activated Yes ☐ 1 No ☐ 2

Ambient Compartment Temperature Threshold Monitor has been activated Yes ☐ 1 No ☐ 2
(The ambient compartment is only used for P100 tubes that have not been centrifuged)