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

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:_____

_____

_____

_____