

For Office Use Only
 Participant # _____

 Assignment # _____

National Children's Study

Birth Maternal Blood Data Collection Form

Part A: Administrative	
Mother's name: _____ Name of Hospital _____ SC/VC ID: _____	Date of collection: ____/____/____ Time of collection: ____:____ am pm Staff ID _____ Hospital NCS
Part B: Precollection Questions	
Do you have hemophilia or any bleeding disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Do you take any blood-thinning medication, such as Coumadin or Warfarin?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Have you had cancer chemotherapy within the past 4 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Have you had any problems with a blood draw in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> Fainting <input type="checkbox"/> Light-Headedness <input type="checkbox"/> Hematoma <input type="checkbox"/> Bruising <input type="checkbox"/> Other <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
When was the last time you had anything to eat or drink, other than water?	Time: ____:____ am pm <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Part C: Samples Collected	
Kit ID: _____	
Position of participant:	<input type="checkbox"/> Sitting <input type="checkbox"/> 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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