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)

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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