For Office Use Only
Participant # __ __ __ __ __
#__ __ __ __

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)
- 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
- Don't Know ☐ 98

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:_____	