

Attachment 3d a - English

**PATH Study Data Collection Instruments:
Biospecimen Collection Forms - Blood**

June 18, 2013

RS8b – Blood Data Collection Form

Respondent ID (Text Readable Barcode)

DCN

OMB Control Number: 0925-0664

Expiration Date: 11/30/2015

Date Printed



PATH Study Blood Data Collection Form *Health Professional-Administered*

Part A: Administrative	Part C: Blood Collection Status																								
<p>1. Staff ID: <i>Preprinted</i></p> <p>2. Today's Date: <table style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">/</td> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">/</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> </tr> </table> </p> <p>3. Blood Collection: <input type="checkbox"/> Agreed <input type="checkbox"/> Not Agreed (Go to Part C)</p> <p>4. Blood Kit ID: <i>(Place Label Here)</i></p>													M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	<p>1. Collection Status (Mark one): <input type="checkbox"/> Collected (End) <input type="checkbox"/> Not Collected <input type="checkbox"/> Attempted, Not Collected</p> <p>2. Reason not collected (Mark one main reason): <input type="checkbox"/> Respondent refused, specify: <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 5px 0;"/> <input type="checkbox"/> Respondent refused, unwilling to give reason <input type="checkbox"/> Safety exclusion <input type="checkbox"/> No time/busy <input type="checkbox"/> No show <input type="checkbox"/> Respondent ill/emergency <input type="checkbox"/> Defective/missing collection supplies <input type="checkbox"/> Physical limitations, specify: <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 5px 0;"/> <input type="checkbox"/> Other, specify: <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 5px 0;"/></p>
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y														
Part B: Blood Suitability Questions																									
<p>1. Do you have hemophilia or any bleeding disorder? <input type="checkbox"/> Yes (Go to Part C) <input type="checkbox"/> Refused (Go to Part C) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (Go to Part C)</p>	<p>2. Have you had cancer chemotherapy within the past 2 weeks? Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't Know</p>																								
<p>3. Have you had any problems with a blood draw in the past? <input type="checkbox"/> Yes <input type="checkbox"/> Refused (Go to Part D) <input type="checkbox"/> No (Go to Part D) <input type="checkbox"/> Don't Know (Go To Part D)</p>	<p>4. What problems have you had with a blood draw in the past? (Mark all that apply.) <input type="checkbox"/> Fainting <input type="checkbox"/> Light-headedness <input type="checkbox"/> Hematoma <input type="checkbox"/> Bruising <input type="checkbox"/> Other, specify <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 5px 0;"/></p>																								

Part D: Blood Tube Status			
Blue Top Tube (BL01)	<input type="checkbox"/> Full draw	<input type="checkbox"/> Short draw	<input type="checkbox"/> No draw
Red Top Tube #1 (RD01)	<input type="checkbox"/> Full draw	<input type="checkbox"/> Short draw	<input type="checkbox"/> No draw
Red Top Tube #2 (RD02)	<input type="checkbox"/> Full draw	<input type="checkbox"/> Short draw	<input type="checkbox"/> No draw
Lavender Tube #1 (LV01)	<input type="checkbox"/> Full draw	<input type="checkbox"/> Short draw	<input type="checkbox"/> No draw
Lavender Tube #2 (LV02)	<input type="checkbox"/> Full draw	<input type="checkbox"/> Short draw	<input type="checkbox"/> No draw
PAXgene Tube (PX01)	<input type="checkbox"/> Full draw	<input type="checkbox"/> Short draw	<input type="checkbox"/> No draw
Part E: Blood Collection Results			
1. Collection Time: __ __ : __ __ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <small>H H M M</small>		2. TrekView temperature monitor activated and included with specimen in amber transport bag? <input type="checkbox"/> Yes	
3. Time specimen and TrekView temperature monitor placed in shipping container: __ __ : __ __ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <small>H H M M</small>		4. Problems with the blood draw? (Mark all that apply.) <input type="checkbox"/> No problems <input type="checkbox"/> Fainting <input type="checkbox"/> Light-headedness <input type="checkbox"/> Hematoma <input type="checkbox"/> Bruising <input type="checkbox"/> Other, specify _____	
Part F: Comments			

➤ **GO TO TOP OF FORM AND COMPLETE PART C BLOOD COLLECTION STATUS**

Public reporting burden for this collection of information is estimated to average 18 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0664). Do not return the completed form to this address.