

Form Approved OMB No. 0923-171Y Exp. Date xx/xx/201x
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Attachment 8a. Clinic Visit Checklist and Body Measurements, Licensed Anglers

Milwaukee Angler Project

Clinic Visit Checklist Body Measurements

1. Reconfirm Eligibility
 Review and confirm eligibility

2. Consent Form
 Ask if participant had an opportunity to read it.
 Review key points
 Ask if there are any questions
 Have participant sign two copies. One copy for participant and one for file.

3. Review Contact Information Form
 Verify all information is correct

4. Collect hair sample (only if participant consents to it)
 Put SPID label on Ziploc baggie
 Follow all of the CDC guidelines
 Seal Ziploc baggie once hair sample is in it
 Double bag Ziploc baggie with hair sample in it

5. Take physical measurements
 Height _____
 Weight _____
 Waist size _____
 Blood pressure _____

6. Collect blood sample
 Phlebotomist asks questions and evaluates pallor to determine ability/safety for blood sample collection (“Do you feel faint currently?;” ”How are you feeling right now?;” “When is the last time you ate?”)
 Phlebotomist asks question to determine preference of arm used for blood sample collection (“Which arm would you prefer to have the blood drawn”), subject to any medical considerations (Mastectomy/related; Shunt, fistula or graft; Obesity; Hematoma; Recent IV; Skin sores; Burns, scars, tattoos; Cast; Damaged veins; Edema)

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ATSDR estimates the average public reporting burden for this collection of information as 35 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-171Y).

Biomonitoring of Great Lakes Populations Program III

7. Obtain urine sample
8. Questionnaire Review or Administration
 - a. *If completed prior to study visit:* Review questionnaire
 - Review for completeness
 - Answer any questions
 - b. *If not completed prior to study visit:* Administer questionnaire
 - Administer questionnaire using REDCap
 - Answer any questions
9. Next steps
 - Discuss what will happen next and the timeline
10. Incentive
 - \$20 gift card for providing blood and urine samples
 - \$20 gift card for completing questionnaire
 - \$20 gift card for completion of all project components