

<p>Form Approved OMB No. 0923-171Y Exp. Date xx/xx/201x</p>

Attachment 8a. Clinic Visit Checklist and Body Measurements, Licensed Anglers
Milwaukee Angler Project
Licensed Anglers Checklist

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 #1 _____ in #2 _____ in #3 _____ in
 - Weight #1 _____ lbs
 - Waist size #1 _____ in #2 _____ in #3 _____ in
 - Blood pressure #1 _____ #2 _____ #3 _____

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<p>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).</p>
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6. Collect blood sample Blood Draw Time _____

- 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)

7. Obtain urine sample
 Time urine sample collected _____

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 biosamples
 \$20 gift card for completing questionnaire
 \$20 gift card for completion of all project components

11. Complete Redcap sections:
 Visit
 Post Processing
 # of purple top tubes (for CDC) _____
 # of amber bottles (for CDC) _____
 # of Urine bottles (for CDC) _____

NOTES:

SPID #: _____

Visit Conducted By: _____ **Date:** _____