Form Approved

OMB No. 0923-17IY

Exp. Date xx/xx/201x

**Attachment 8a. Clinic Visit Checklist and Body Measurements, Licensed Anglers**

**Milwaukee Angler Project**

**Licensed Anglers Checklist**

1. Reconfirm Eligibility

Review and confirm eligibility

1. 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.

1. Review Contact Information Form

Verify all information is correct

1. 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

1. 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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1. 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)

1. Obtain urine sample

Time urine sample collected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Questionnaire Review or Administration
   1. *If completed prior to study visit:* Review questionnaire

Review for completeness

Answer any questions

* 1. *If not completed prior to study visit:* Administer questionnaire

Administer questionnaire using REDCap

Answer any questions

1. Next steps

Discuss what will happen next and the timeline

1. Incentive

$20 gift card for providing biosamples

$20 gift card for completing questionnaire

$20 gift card for completion of all project components

1. Complete Redcap sections:

Visit

Post Processing

# of purple top tubes (for CDC) \_\_\_\_\_\_\_

# of amber bottles (for CDC) \_\_\_\_\_\_\_

# of Urine bottles (for CDC) \_\_\_\_\_\_\_\_

**NOTES:**

**Visit Conducted By: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**