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: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**