Attachment 16.

Pease Study
Blood Draw and Urine Collection Form
Flesch-Kincaid Readability Score – 9.1

Pease Study
Blood Draw and Urine Collection Form

Form Approved
OMB No. 0923-XXXX
Exp. Date xx/xx/201x

Study ID No.: |_____|

You were asked to collect a first morning void urine sample when you got up today.

1. Did you bring it today? ☐ Yes ☐ No

   1a. [IF NO] Can you give us a sample now? ☐ Yes ☐ No

2. Result of the urine collection (mark one) **Volume**

- ☐ **Complete** **(at least 10-mL)**
- ☐ **Partial** **2a. (_____-mL)**
- ☐ **Unable to collect**

Before we can take [your/your child's] blood we need to ask you a few questions on whether [you/your child] can provide a blood sample.

3. [Do you/Does your child] have hemophilia? ☐ Yes ☐ No

4. [Have you/Has your child] received any chemotherapy in the last four weeks? ☐ Yes ☐ No

5. [Do you/Does your child] have active sores, disease, or other problem on the arm/shoulder that could prevent us from taking a blood sample*? ☐ Yes ☐ No

* This may include gauze dressings, casts, edema, paralysis, tubes, open sores or wounds, withered arms or limbs missing, damaged, sclerosed or occluded veins, allergies to cleansing reagents, burned or scarred tissue, shunt or intravenous lines on both arms. Please check and review all with the participant.

[IF THE ADULT/PARENT OR GUARDIAN RESPONDED 'YES' TO ANY OF THE ABOVE QUESTIONS, THE PARTICIPANT SHOULD BE EXCLUDED FROM THE BLOOD DRAW. PLEASE SEE STUDY COORDINATOR IMMEDIATELY.

SENIOR SUPERVISING NURSE WILL MAKE THE DECISION WHETHER A PARTICIPANT WITH ANY TYPE OF SHOULDER LESIONS CAN SAFELY PROVIDE A BLOOD SAMPLE]

We also want to ask you a few more questions as a precaution.

6. [Are you/Is your child] on blood thinning medication? ☐ Yes ☐ No

7. Are you on diabetes medication or insulin? ☐ Yes ☐ No

8. Tell me the last time you ate. Was it less than eight hours ago? ☐ Yes ☐ No

8a. *[IF YES]* How long ago did you eat? |__|__|:|__|__| (hours and minutes)

8b. . . . . and what did you eat? |_____|

[IF THE PARTICIPANT ANSWERED 'YES' TO ANY OF THE ABOVE QUESTIONS PLEASE SEE STUDY COORDINATOR AND SUPERVISING NURSE TO MAKE SURE THEY CAN SAFELY PROVIDE BLOOD SAMPLE]

9. Result of the Blood Draw (mark one) **Volume**

☐ **Complete** **(125-mL)**

☐ **Partial** **7a. (_____-mL)**

☐ **Unable to collect**

9a. Date: |__|__|/|__|__|/|__|__| **9b. Time:** |__|__|:|__|__| ☐ AM ☐ PM

9c. Code Partial/Inability to Collect (circle one)

Reason for partial or inability to collect blood:

1. Pregnant
2. Medical (e.g. patient frail, weak, lost consciousness)
3. Refused
4. Other (describe) _____

10. Interviewer/Phlebotomy Comment:

NOTES: Care should be used in drawing blood from all subjects. Common adverse effects include bruising, bleeding, and fainting. Please ask all participants whether they prefer to lie down to have blood drawn.

Ask everyone if they tend to faint when giving blood. Suggest they sit down for five minutes after giving blood.

Fasting diabetic participants who use insulin will be given priority appointments for their blood draw.

Light snacks will be provided following blood collection.

See Protocol **Attachment 14 (Manual of Operations)** for further details on collecting blood samples.