



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.