Place Label Here

PLEASE READ:

* Complete this form with the subject
* Answer all applicable questions
* Questions? Call 1-855-874-6912

Biorepository Specimen Processing Form

1. **Blood sample collected? Yes No**

If **YES**, please check tubes of blood that were collected:

Tube 1 Tube 2 Tube 3 Tube 4 Tube 5

Record time of collection: \_\_ \_\_:\_\_ \_\_am/pm

2. When did subject last drink something? 3. When did subject last have caffeine?

\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_:\_\_ \_\_ am/pm \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_:\_\_ \_\_ am/pm

*Check this box if subject does not consume caffeine*

4. When did subject last have something to eat?

\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_:\_\_ \_\_ am/pm

5. Are you taking part in any clinical trial where you take a medication? Yes No

If yes, what is the name of study?

**BLOOD *Please note subjects are NOT required to fast.***

1. **Urine specimen collected?**

Yes No*(subject declined or unable to void)*

2. If **YES**, record date and time of collection:

\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_:\_\_ \_\_ am/pm

3. If **YES**, did subject collect the specimen when he or she first woke up this morning?

Yes No

**URINE**

*TURN OVER*

Form Approved

OMB No. 0923-0041

Exp. Date01/31/2023

ATSDR estimates the average public reporting burden for this collection of information as 30 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 (0923-0041).

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1. **Hair specimen collected?**

Yes No

2. If **NO**, provide reason:

Hair too short Subject declined

3. Does subject color his or her hair?

Yes No

4. Does subject use perm or straighteners on his or her hair?

Yes No

**HAIR**

1. **Nail specimen collected?**

Yes No

2. If **NO**, provide reason:

Nails too short Subject declined

3. Does subject use nail polish?

Yes, *date removed* \_\_ \_\_/\_\_ \_\_/\_\_ \_\_

No

**NAILS**