CARET

BLOOD COLLECTION AND PROCESSING

ACTION		LOCAL ID		- Affix label here -			
ı 	ew Data orrected Data			Study Center/ID			<u></u>
	elete Form			Study Center/ID			J-[
INSTRUCTIONS: Complete one form for each blood draw. Use Form				First Name MI			
100 - Blood Sample Labels provided by CARET Coordinating Center. Staple the label sets to the bottom of the form.			Last Name				
Dort I. Die	ad Dagua	at (Mark all that apply)			No. & Type of		
Requir		<u>st</u> (Mark all that apply)	Collect		acutainer Tubes:		Blood Sample Numbers:
No	 _Yes 1.	CARET Serum Bank?	\square_{0} No	\square ₁ Yes \rightarrow	3 red 10 ml	\searrow	
		(Collect at Efficacy First and ever and Vanguard Annual Visits)	n Annual Visit	s,			
No	_ Yes 2.		0	$\perp \!\!\! \perp_1$ Yes $ ightarrow$	1 red 10 ml	\rightarrow	Attach Label Here
		(Collect at Efficacy First Visits, a Annual and Symptom Manageme	ent Visits)				
N/A	3.	Courtesy Draw	\square_0 No	\square ₁ Yes \rightarrow		\nearrow	
No	Yes 4.	DNA?	\square_0 No	$\square_{ extsf{1}}$ Yes $ ightarrow$	1 lavender 5 ml	\nearrow	
		(Collect once at First or Annual \ consent and has not already sup					
No	Yes 5.	Quality Control?			1 red 10 ml	\rightarrow	Attach QC Label Here
	_	(Collect at First Visit if birthdate i					
OR Annual Visit if participant is selected for QC collection) Part III. Placed Collection							
Part II: Blood Collection 6. Hours since participant last ato: 1. In the second collection is a second collection in the second collection is a second collection in the second collection in the second collection is a second collection in the second collection in the second collection is a second collection in the second collection in the second collection in the second collection is a second collection in the second							
6. Hours since participant last ate: (98 = 98 or more hours) Hours							
	7. Hours since participant last took study vitamins: (98 = 98 or more hours; leave blank if First Visit) Hours						
8. Participant's age (optional):				Years			
9. Was consent for DNA draw requested?:				\square_0 No \square_1 Yes \longrightarrow 9.1 If yes, was it obtained? \square_0 No \square_1			
Yes							
10. Date blood drawn:				(MM/DD/YY)			
11. Time blood drawn:			└				
12. Blood drawn by (staff ID):							
Part III: Blood Processing							
13. Blood processed by (staff ID):							
14. Time lavender tube processed (filter card spotted and set on							
rack to dry, and blood aliquoted into cryotubes and frozen):							
15. Time red tubes centrifuged:				_	:	1 AM	2 PM
16. Time serum samples frozen:							
17. Date and time dried cards stored:							
18. Number of routine serum sample vials frozen:							
19. Number of QC serum sample vials frozen:							
20. Numbe	er of whole	blood sample vials frozen:					
		plood spot cards stored:					
COMMENTS							
BCP Version	04 Revised:	9-1-94 Printing 1 2 3 4 5 6 7 8	9	KEYED) VERFIE	D	BATCH