

Protocol ID: \_\_\_\_\_

Study Name: \_\_\_\_\_

Site: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Study Subject ID: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

**BLSA Lab Processing - ver HV 1.0****Section Title: Lab Processing****Instructions:****Venipuncture**

Date Completed

☐ Blank

Tester ID

Was venipuncture done?

☐ Yes ☐ No

Click to deselect entry

Reason Not Done

☐ Refused ☐ Exclusion criteria (includes lower hemoglobin) ☐ Physical problems ☐ Technical problems ☐ Other (please specify) ☐ Insufficient venous access

Other (Please specify RND)

Did venipuncture require more than 2 sticks?

☐ Yes ☐ No

Click to deselect entry

Veins quality assessment

☐ Poor (small veins could not thread IV difficult blood flow) ☐ Fair (this veins slow blood flow) ☐ Good (moderate thin veins adequate blood flow) ☐ Excellent (large veins no problems all tubes collected)

Were all expected samples collected?

☐ Yes ☐ No

Click to deselect entry

☐ Fasting ☐ Not fasting

Click to deselect entry

Comment