

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA Skin Biopsy - Ver. 1.1**Section Title: Skin Biopsy****Instructions:**

Date Completed

☐ Blank

Tester ID

Skin Biopsy consent reviewed: ☐ Yes ☐ No Click to deselect entry Eligibility criteria reviewed: ☐ Yes ☐ No Click to deselect entrySkin Biopsy needle size: ☐ 6mm Click to deselect entry**Pre-Procedure Vital Signs**

Body Temperature: (°F) Pulse: (beat/min)

Respirations: (breaths/min)

Systolic: (mmHg) Diastolic: (mmHg)

Brief History and Physical performed by MD/NP: ☐ Yes ☐ No Click to deselect entry**Procedure Times**

Anesthesia start time: (am)

Total amount of anesthesia given: (cc)

Biopsy started (am)

Completed (am)

Biopsy performed: ☐ Yes ☐ No [Click to deselect entry](#)

Biopsy Tester ID

Comment

Dressing applied: ☐ Yes ☐ No [Click to deselect entry](#)

Comment

Post-Procedure Vital Signs

Pulse: (beat/min)

Respirations: (breaths/min)

Systolic: (mmHg) Diastolic: (mmHg)

Post Procedure instructions reviewed: ☐ Yes ☐ No [Click to deselect entry](#)

All samples collected: ☐ Yes ☐ No [Click to deselect entry](#)

Comment