

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA Skin Biopsy - Ver. 1.0**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 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 instructions
reviewed:☐ Yes ☐ No[Click to deselect entry](#)

Comment