

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA Skin Biopsy - Ver. 1.2**Section Title: Eligibility****Instructions:****Skin Biopsy Eligibility**

Date Completed

☐ Blank

Tester ID

Is able to provide informed
consent☐ Yes ☐ No

Click to deselect entry

Does not have history of bleeding
disorder☐ Yes ☐ No

Click to deselect entry

Does not take medications that will
increase bleeding such as
Coumadin, Plavix or Heparin☐ Yes ☐ No

Click to deselect entry

Does not use NSAIDS such as
Motrin, Advil or Naproxen on a
daily basis and such that they are
unable to stop 4 days before and 3
days after procedure☐ Yes ☐ No

Click to deselect entry

Does not take more than 81mg
Aspirin a day☐ Yes ☐ No

Click to deselect entry

Is not allergic to Lidocaine or other ☐ Yes ☐ No
local anesthetic

[Click to deselect entry](#)

Has no active infection or chronic ☐ Yes ☐ No
skin condition around biopsy site

[Click to deselect entry](#)

Is not pregnant ☐ Yes ☐ No

[Click to deselect entry](#)

Eligibility: Participant satisfies all ☐ Yes ☐ No
eligibility criteria.

[Click to deselect entry](#)

Name of staff member completing
eligibility

Protocol ID: _____

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Interview Date: _____

Section Title: Skin Biopsy**Instructions:**

Date Completed

Tester ID

Skin Biopsy consent reviewed: ☐ Yes ☐ No [Click to deselect entry](#)Eligibility criteria reviewed: ☐ Yes ☐ No [Click to deselect entry](#)Skin 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