

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA TM Stress Blood - Ver. 1.1**Section Title: Blood Draw**

Instructions:

Date Completed

Treadmill Stress Bloods								
Tester ID	Treadmill Incline %	Treadmill Speed	Blood Draw time	Status	RER of 1 achieved	Time RER achieved	Aliquots obtained	Comment
	<input type="radio"/> 0 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> 18 <input type="radio"/> 21 <input type="radio"/> 24 <input type="radio"/> 25	<input type="radio"/> 0 <input type="radio"/> 2 <input type="radio"/> 2.5 <input type="radio"/> 3 <input type="radio"/> 3.5 <input type="radio"/> 4		<input type="radio"/> Baseline <input type="radio"/> Active Testing <input type="radio"/> Recovery Max Post 1 min <input type="radio"/> Recovery Post 5 min <input type="radio"/> Recovery Post 15 min <input type="radio"/> Recovery Post 30 min <input type="radio"/> Recovery Post 60 min	<input type="checkbox"/> RER of 1 achieved			
					<input type="checkbox"/> RER of 1 achieved			

	<input type="radio"/> 0 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> 18 <input type="radio"/> 21 <input type="radio"/> 24 <input type="radio"/> 25	<input type="radio"/> 0 <input type="radio"/> 2 <input type="radio"/> 2.5 <input type="radio"/> 3 <input type="radio"/> 3.5 <input type="radio"/> 4		<input type="radio"/> Baseline <input type="radio"/> Active Testing <input type="radio"/> Recovery Max Post 1 min <input type="radio"/> Recovery Post 5 min <input type="radio"/> Recovery Post 15 min <input type="radio"/> Recovery Post 30 min <input type="radio"/> Recovery Post 60 min				
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		<input type="radio"/> 0 <input type="radio"/> 2 <input type="radio"/> 2.5 <input type="radio"/> 3 <input type="radio"/> 3.5 <input type="radio"/> 4		<input type="radio"/> Baseline <input type="radio"/> Active Testing <input type="radio"/> Recovery Max Post 1 min <input type="radio"/> Recovery Post 5 min <input type="radio"/> Recovery Post 15 min <input type="radio"/> Recovery Post 30 min <input type="radio"/> Recovery Post 60 min	<input type="checkbox"/> RER of 1 achieved			

	<input type="radio"/> 0 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> 18 <input type="radio"/> 21 <input type="radio"/> 24 <input type="radio"/> 25							
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Treadmill Stress Blood CompletedTM Stress Blood completed: ☐ Yes ☐ No [Click to deselect entry](#)

Reason not Done

- ☐ Refused
☐ Unable
☐ Not Scheduled
☐ Other

Comment

Were all blood draws completed: ☐ Yes ☐ No [Click to deselect entry](#)

Reason not Complete: ☐ IV access
☐ Refused
☐ Other

Comment