| Protocol ID: | Study Subject ID: |
|--------------|-------------------|
| Study Name: | Interviewer Name: |
| 5ite: | Interview Date: |
| Event Name: | |
| Event Date: | |

BLSA Lab Processing - Ver. 1.0

| Section Title: Lab Processing | | | | | | |
|--|--|---|--|--|--|--|
| Instructions: | | | | | | |
| Venipuncture | | | | | | |
| Date Completed | | Blank | | | | |
| Tester ID | | | | | | |
| Have you had a blood donation within the previous 56 days? | ○ Yes ○ No Click to deselect entry(reschedule if YES) | | | | | |
| Do you have a history of anemia? | Yes No Click to deselect entry(If YES, Please check with NP o | r MD) | | | | |
| Was venipuncture done? | O Yes O Click to deselect Reason Not Done No entry | 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 | O Poor (small veins could not thread IV difficult blood blow) O Fair (this veins slow blood flow) O Good (moderate thin veins adequate blood flow) Excellent (large veins no problems all tubes collected) | | | | | |

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| Were all expected samples collected at first day? | O Yes O No | Click to de | select entry | |
|---|----------------|-------------|---|-------------------------|
| | O Fasting O No | ot fasting | Click to deselect entry | |
| Describe all tubes that need to be collected in the second day of BLSA visit: | | | | |
| 3ml Lavender | | | | |
| 3.5 ml Red | | | | |
| 4.5 ml Blue | | | | |
| (Apheresis or 1st visit) RPR 3.5 ml Gold | | | | |
| HIV 3.5 ml Gold | | | | |
| Was a urine specimen obtained for UA? | O Yes O No | | | ○ Fasting ○ Not fasting |
| HH Urine Sample label | | | | |
| Urine Collection Was 24 hour urine collection obtained? | ○ Yes ○ No | Click to de | select entry(must be at least 18 hours) | |
| (use military time) Begin time | (HH:MM) | | | |
| End time | (HH:MM) | | | |
| Total time for 24 hr urine | (HH:MM) | | | |
| 24 hour urine label | | | | |

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