Mast Fistula d	ectomy or Graft	Hemato	LABORATORY TESTS ring that restricted choice of arm/ver maBurns, Scars, Tattoos,Da /Caste,Edema _Obesity 10.	maged VeinsShunt,	
		st(#s):		Last ate:	
Proces	•	#s):		LABO40_DATE DATE.	
SP Re-consented			ted Due to Change	:(time)	
_				LABO40_TIME HHMMS.	
STATUS R=refused F=failed ND=not done D=done		Lab #/ Label/Bar	TYPE and SIZE OF TUBE	COMMENTS (Why failed, why not attempted, etc.)	
BLOO	D DR 4	code WS	1st Attempt Time:	Draw Time :	
		1110	13t Attempt Time	LABOSO HHMMS.	
LABOGO fmt_lab_status	(ML Label)		5mL SST Gold top for ML	□QC	
LABO70 fmi_lab_status	(SPID. Label)		10 mL Redtop for Repository	□QC	
LABO80 fmi_lab_status	(SPID. Label)		10 mL Redtop for Repository	□QC	
LABO90 fmi_lab_status			10 mL Lavender for DNA	☐QC ☐No DNA authorized	
LAB100 fhti_lab_status	0		10 mL Lavender for DNA	☐QC ☐No DNA authorized	
LAB110 fm_lab_status			3mL Lavender for ML	□QC	
LAB120 fm_lab_status			3mL Lavender for ML	□QC	
	-		# of Attempted Sticks		
			END DRAW TIME:	:: LAB140 HHMMMS.	
			CENTRIFUGE START TIME:	:LAB1SO HHMMMS.	
	LAB160 F	MI_NUMERIC.	# of plasma vials (.5mL in 1mL)	Freezer entry time:	
	LAB170 F	MI_NUMERIC.	# of serum vials (.5mL in 1mL)	:	
URINE SAMPLE			Collection Time::	Centrifuge Time::	
LAB200 fhti_lab_status	(SPII	D. Label)	LAB210 FMT_NUMERICmL urine centrifuged		
	<u> </u>	LAB220	# of urine vials (1.5mL in 2mL)	Freezer Time::::	
	_	cryovials		- Transfer of the state of the	

SPID#: _____ Initials: ____ Date: ____ LABDATE DATE.

SPID#:	Initials:	Date:	LABDATE DATE.

LABORATORY TESTS

SALIVA	SAMPLE	Circle reason below			Collection Time::		
LAB240_A fm_lab_status	(SPID. Label)	Blood draw was: □QC	Refused	Failed	Inadequate	None of above	
Overall Processing Problems/Comments		LAB2SO FMT_CHAR.					