1-19 LAB SHOW 2014 CAPI Format

## **Laboratory Tests (LAB)**

CON100 Has the subject changed their mind about the donation of specimens or the extent of their participation in SHOW?

<1> YES (go to CONINS) CONS200 FMT\_YES\_NO.

<2> NO (Skip to LABdate)

CONINS Interviewer needs to clarify with the subject how their initial decisions have changed and have the SP complete the consent signature page again.

## (INTERVIEWER: PRESS ENTER TO CONTINUE)

CONS1a2 TERMS OF CONSENT (AS TAKEN FROM THE APPROVED CONSENT SIGNATURE PAGE)

Date Consent Signed CONS2\_DATE DATE.

MONTH DAY YEAR

Interviewer's name Interviewer's number

VERSION NUMBER OF CONSENT CONS2\_VERSON MT\_NUMERIC. [IF VERSION NUMBER IS LESS THAN 21, DISPLAY THE FOLLOWING WARNING: "YOU HAVE ENTERED A VESRION NUMBER LOWER THAN 21"]

CONS22 THE SP INITIALED THE FOLLOWING FOLLOW-UP OPTIONS – MARK YES OR NO FOR EACH ONE.

<1> YES <2> NO

1. I have read or am aware of all the facts in the consent brochure. I have asked questions and all of my questions have been answered to my satisfaction. I have read the consent brochure describing how my information will be shared. I know that I can call the SHOW main office if I have any other questions.

### CONS221 1 FMT YES NO.

- 2. I understand that I can **choose to participate** in the survey and I can choose to stop participating at any time. I know that I may **refuse to answer** any question.
  - CONS221\_2 FMT\_YES\_NO.

3. I agree to do the **interview and physical measurements in my home**. I understand that these include tests of blood pressure, heart rate, height, weight, waist, hips and arms, and breathing capacity.

## CONS221\_3 FMT\_YES\_NO.

4. I agree to **complete the packet** of questions that will be left at my house and understand that I will mail this back to SHOW.

## CONS221 4 FMT YES NO.

5. I agree to meet with SHOW staff for the **blood draw** and urine collection.

### CONS221 5 FMT YES NO.

6a. I agree to allow a trained phlebotomist to **draw my blood**. I understand that some tests and results will be sent to me.

CONS221\_6A FMT\_YES\_NO.

6b. I agree to allow you to take a saliva sample for future DNA testing.

### CONS221 6B FMT YES NO.

6c. I agree to allow you to take a blood spot for future unspecified research.

## CONS221\_6C FMT\_YES\_NO.

7. I understand and agree to having my blood stored for future unspecified research.

## CONS221\_7 FMT\_YES\_NO.

8. I agree to provide you with a urine sample. I understand and agree to have my urine stored for future unspecified research.

### CONS221\_8 FMT\_YES\_NO.

9. I allow you to use a portion of my blood or saliva for **DNA testing**. I understand that the sample will be used to look for genetic causes of disease. I understand that my genetic information will not be sold and will not be used for cloning or stem cell research and will not be reported to me. I agree to have this stored for future unspecified research.

### CONS221\_9 FMT\_YES\_NO.

10. I agree that SHOW may call, send me a letter, and/or email me about future studies related to SHOW.

### CONS221\_10 FMT\_YES\_NO.

11. I agree to have my **interview taped**. I understand that this is for quality assurance of the conduct of the study and that this tape will be destroyed and not kept as part of the database.

CONS221 11 FMT YES NO.

LABdate

Date of Lab:

<d> Don't know <r> Refused

Date: LABDATE DATE.

MM/DD/YYYY

[import today's date]

LAB010

Check for any of the follow that restricted your choice of arm/vein:

## (CHECK ALL THAT APPLY, ENTER 'x' WHEN DONE)

<1>	Mastectomy	LAB010 A	FMT LAB010 .
<2>	Hematoma	LAB010_B	FMT_LAB010
<3>	Burns, Scars, Tattoos	LAB010_C	FMT_LAB010
<4>	Damaged veins	LAB010_D	FMT_LAB010
<5>	Shunt, Fistula or Graft	LAB010_E	FMT_LAB010
<6>	Recent IV	LAB010_F	FMT_LAB010
<7>	Caste	LAB010_G	FMT_LAB010
<8>	Edema	LAB010_H	FMT_LAB010
<9>	Obesity	LAB010_I	FMT_LAB010
<10>	Skin sores	LAB010_J	FMT_LAB010

LAB020 FMT NUMERIC. LAB020 Phlebotomist Numbers:

<0-9999>

### (ENTER ALL THAT APPLY, ENTER 'x' WHEN DONE)

LAB030 Processor Numbers: LAB030 FMT\_NUMERIC.

<0-9999>

(ENTER ALL THAT APPLY, ENTER 'x' WHEN DONE)

LAB040

When was the last time you ate or drank anything other than plain water?

[INTERVIEWER: THIS QUESTION ELICITS THE LAST TIME THE SP ATE OR DRANK ANYTHING AND DETERMINES FASTING TIME. SPS ARE ALLOWED TO CONSUME DIET SODA, BLACK COFFEE, OR TEA WITH ARTIFICIAL SWEETENERS LIKE SWEET'N LOW, NUTRASWEET, EQUAL, OR SPLENDA SINCE THESE HAVE NO EFFECT ON STUDY ANALYTES.

PARTICIPANTS ARE NOT ALLOWED TO HAVE CONSUMED: COFEE OR TEA WITH CREAM OR SUGAR, FLAVORED WATER, ALCOHOL, GUM, MINTS, LOZENGES, COUGH DROPS, COLD REMEDIES, ANTACIDS, ANTI-DIARRHEALS, LAXATIVES, OR DIETARY SUPPLEMENTS SUCH AS VITAMINS AND MINERALS.]

Last Ate:

<d> Don't know <r> Refused

Date: LAB040 DATE DATE.

MM/DD/YYYY

Time: (Military time)

HH:MM LAB040 TIME HHMM5.

Timecalc2

#### [CALCULATE TIME SINCE SUBJECT LAST ATE]

Hrsncate: xx Minsncate: xx

timeverIt has been [#] hours and [#] minutes since you last had anything other

than water?

<1> YES <2> NO

LAB050 1<sup>ST</sup> Draw Attempt TIME

(Military time)

<d> Don't know <r> Refused

HH:MM

Draw Time:

HH:MM LAB050 HHMM5.

LAB060 Type: **5mL SST Gold top for ML** 

ML Label (SCAN):

Status: LAB060 FMT\_LAB\_STATUS.

<d> DONE <f> FAILED PARTIAL <r> REFUSED

<na> NOT ATTEMPTED

QC: <1> Checked <2> Unchecked

Comments?

<1> Enter Comments <2> No Comments

LAB070 Type: 10mL Redtop for Repository 1

SPID Label (SCAN):

Status: LAB070 FMT\_LAB\_STATUS.

<d> DONE <f> FAILED PARTIAL <r> REFUSED

<na> NOT ATTEMPTED

QC: <1> Checked <2> Unchecked

Comments?

<1> Enter Comments <2> No Comments

LAB080 Type: 10mL Redtop for Repository 2

SPID Label (SCAN):

Status: LAB080 FMT\_LAB\_STATUS.

<d> DONE

<f> FAILED PARTIAL

<r> REFUSED

<na> NOT ATTEMPTED

QC: <1> Checked <2> Unchecked

Comments?

<1> Enter Comments

<2> No Comments

LAB090 Type: 10 mL Lavender 1

SPID Label (SCAN):

Status: LAB090 FMT\_LAB\_STATUS.

<d> DONE

<f> FAILED

PARTIAL

<na> NOT ATTEMPTED

NO DNA: <1> Checked <2> Unchecked

QC: <1> Checked <2> Unchecked

Comments?

<1> Enter Comments

<2> No Comments

LAB100 Type: **10 mL Lavender 2** 

SPID Label (SCAN):

Status: LAB100 FMT\_LAB\_STATUS.

<d> DONE

<f> FAILED

PARTIAL

<r> REFUSED

<na> NOT ATTEMPTED

NO DNA: <1> Checked <2> Unchecked

QC: <1> Checked <2> Unchecked

Comments?

<1> Enter Comments

<2> No Comments

LAB110 Type: 3 mL Lavender for ML 1

ML Label:

Status: LAB110 FMT LAB STATUS.

<d> DONE <f> FAILED PARTIAL <r> REFUSED

<na> NOT ATTEMPTED

QC: <1> Checked <2> Unchecked

Comments?

<1> Enter Comments <2> No Comments

LAB120 Type: 3 mL Lavender for ML 2

ML Label:

Status: LAB120 FMT\_LAB\_STATUS.

<d> DONE <f> FAILED PARTIAL <r> REFUSED

<na> NOT ATTEMPTED

QC: <1> Checked <2> Unchecked

Comments?

<1> Enter Comments <2> No Comments

LAB125 Type: 2.5 mL PaxGene Redtop for Biorepository

SPID Label:

Status: LAB125 FMT\_LAB\_STATUS.

<d> DONE <f> FAILED <r> REFUSED

<na> NOT ATTEMPTED

QC: <1> Checked <2> Unchecked

Comments?

<1> **Enter Comments** No Comments <2>

LAB130 **Number of Attempted Sticks** 

Status:

<r>

**LAB130** FMT NUMERIC.

<1-10>ATTEMPTS <f> **FAILED** 

**REFUSED** <na> NOT ATTEMPTED

Comments?

<1> Enter Comments No Comments <2>

**END DRAW TIME** LAB140

(Military time)

Don't know Refused <d>> <r>

HH:MM LAB140 HHMM5.

**CENTRIFUGE START TIME** LAB150

(Military time)

<d> Don't know <r> Refused

Blood: HH:MM LAB150 HHMM5.

LAB160 Number of plasma vials:

> <0-30> CRYOVIALS LAB160 FMT NUMERIC.

Refused Don't know <d> <r>

LAB170 Number of serum vials:

> <0-30> CRYOVIALS LAB170 FMT NUMERIC.

<d> Don't know <r> Refused

LAB180 Freezer Entry Time

(Military time)

Don't know Refused < d><r>

HH:MM LAB180 HHMM5.

LAB190 Urine Sample Collection time

(Military time)

<d> Don't know <r> Refused

HH:MM LAB190 HHMM5.

Urine Sample Centrifuge Time

HH:MM LAB191 HHMM5.

LAB200 Type: **Urine Sample** 

SPID Label:

Status: LAB200 FMT\_LAB\_STATUS.

<1> DONE

<3> INSUFFICIENT

<7> REFUSED

<8> FAILED

<9> NOT ATTEMPTED

Comments?

<1> Enter Comments <2> No Comments

LAB210 Urine Sample LAB210 FMT\_NUMERIC.

<0-50> mL of urine centrifuged

<d> Don't know <r> Refused

LAB220 Number of urine vials: LAB220 FMT\_NUMERIC.

<0-30> CRYOVIALS

<d> Don't know <r> Refused

QC: <1> Checked <2> Unchecked

LAB230 Urine Freezer Time

(Military time)

HH:MM LAB230 HHMM5.

<d> Don't know <r> Refused

LAB235 BLOOD SPOTS

SPID Label: LAB235\_SC FMT\_NUMERIC.

Blood draw refused or inadequate:

Blood Spot Status: LAB235\_BS FMT\_LAB\_STATUS.

<d>DONE <r> REFUSED (Skips to LAB250)</ri>

<f> FAILED (skips toLAB250) <na> NOT ATTEMPTED (Skip to

LAB240)

**Blood Spot Collection Time** 

(Military time)

HH:MM LAB235 TIM1 HHMM5.

**Blood Spot Freezer Time** 

(Military time)

HH:MM LAB235\_TIM2 HHMM5.

LAB236 Blood Spots Comments? LAB236 \$FMT\_CHAR.

<1> Enter Comments <2> No Comments

LAB240 Saliva Sample

SPID Label:

Blood draw was: LAB240 A FMT LAB STATUS.

<1> REFUSED <3> INADEQUATE

<2> FAILED <4> SUCCESSFUL (Saliva not collected)

<6> WILLING TO BE RESCHEDULED

Saliva Status: LAB240\_A2 FMT\_LAB\_STATUS.

<d> DONE <r> REFUSED

<f> FAILED <na> NOT ATTEMPTED

Saliva Collection Time

(Military time)

HH:MM LAB240 HHMM5.

Saliva Freezer Time

(Military time)

HH:MM LAB241 HHMM5.

QC: <1> Checked <2> Unchecked

LAB250 Processing Problems/Comments LAB250 \$FMT\_CHAR.

<1> Enter Comments <2> No Comments