### BIOSPECIMEN COLLECTION FORM

**Instructions:** This form should be completed during the participant's visit. Affix the participant ID label and the Lab ID label above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. Use a 24-hour clock for time (e.g. noon=12:00, 1pm=13:00).

#### A. Safety Questions:

1. Have you ever had a radical mastectomy or other surgery where lymph nodes were removed from your armpits?  
   - Yes  
   - No  
   - If Yes, specify in Q15 and follow precautions per QxQ instructions

2. Do you have any bleeding disorders?  
   - Yes  
   - No  
   - If Yes, specify in Q15; follow precautions per QxQ

3. Have you ever had a graft or shunt for kidney dialysis?  
   - Yes  
   - No  
   - If Yes, specify in Q15; exclude from OGTT and follow precautions per QxQ

4. Confirm/ask per Safety Form: Has diabetes  
   - Yes  
   - No  
   - If Yes, exclude from OGTT; go to Q6

5. Have you had part of your stomach or intestines removed?  
   - Yes  
   - No  
   - If Yes, exclude from OGTT; go to Q6

6. Glucose meter reading  
   - If 150 mg/dL or higher exclude from OGTT; if 200 mg/dL or higher also go to Q6a, 6b

   6a. Hyperglycemia symptoms  
      - Yes

   6b. Ketone dipstick  
      - Not Applicable

   - Negative

   - Positive

   - If Positive refer for urgent care

#### B. Fasting Blood Collection Information:

7. On which day did you last eat or drink anything except water: today, yesterday, or the day before yesterday?  
   - Today
   - Yesterday
   - Before Yesterday

8. And at what time was that?  
   - If fasting is less than 8 hrs, exclude from OGTT

   - (24-hour)

9. Date of blood collection:  
   - m m / d d / y y y y

10. Collection time:  
    - h h : m m

11. Was fasting blood collected before the glucola/snack?  
    - Yes

12. Number of venipuncture attempts:

13. Any blood drawing incidents or problems?.................  
    - Yes

14. Blood drawing incidents: Document problems with venipuncture in this table. Place an “X” in box(es) corresponding to the tubes in which the blood drawing problem(s) occurred. If a problem other than those listed occurred, use Item 15.

   **Tube Number**
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sample not drawn</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>b. Partial sample drawn</td>
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<tr>
<td>c. Tourniquet reapplied</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>d. Fist clenching</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>e. Needle movement</td>
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<tr>
<td>f. Participant reclining</td>
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</tr>
</tbody>
</table>

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15. If any other blood drawing problems not listed above (e.g., fasting status, etc.), describe incident, problem, or issue here:

___________________________________________________________________________________________

16. Phlebotomist’s code number:

17. Time at which tubes 5 - 7 were centrifuged:
   h h : m m (24-hour)

18. Time at which tubes 1 - 3 were centrifuged:
   h h : m m (24-hour)

19. Time at which aliquot tray 1 vials were placed in freezer:
   h h : m m (24-hour)

20. Blood Processor’s code number:

21. Any blood processing incidents or problems?  
   Yes  No  If yes, specify in Q22 and/or Q23

22. Blood processing incidents: Document problems with the processing of specimens in this table. Place an “X” in box(es) corresponding to tubes in which the processing problem(s) occurred. If a problem other than those listed occurred, use Item 23.

   Tube Number
   a. Broken tube
   b. Sample re-centrifuged
   c. Clotted
   d. Hemolyzed
   e. Lipemic

23. Comments on blood processing, urine collection/processing, and OGTT:

___________________________________________________________________________________________

24. Was a post-glucola sample (tube 8) collected?:  
   Yes  No  If no, Go to Q28

25. Time glucola given:
   h h : m m (24-hour)

26. Time of collection of post-glucola samples:
   h h : m m (24-hour)

27. Blood Processor’s code number for post-glucose load samples:

28. Was a urine sample collected?  
   Yes  No  If no, End

29. Date of urine sample: m m / d / y y y y

30. Time urine sample collected:
   h h : m m (24-hour)

31. Time urine sample was processed:
   h h : m m (24-hour)

32. Urine processor’s code #: