A. Safety Questions:

1. Have you ever had a radical mastectomy or other surgery where lymph nodes were removed from your armpits?
   
   ¿Ha tenido una mastectomía radical o alguna otra cirugía que le haya removido ganglios linfáticos en sus axilas (debajo de su brazo)?
   
   [ ] (0=No, 1=Yes) [If Yes, specify in Q12; follow precautions in QxQ]

2. Do you have any bleeding disorders?  
   
   ¿Tiene problemas de coagulación de la sangre?

3. Have you ever had a graft or shunt for kidney dialysis?
   
   ¿Le han hecho algún injerto o shunt arterial como vía para diálisis de los riñones?
   
   [ ] (0=No, 1=Yes) [If Yes, specify in Q12; follow precautions in QxQ]

B. Fasting Blood Collection Information:

4. On which day did you last eat or drink anything except water: today, yesterday, or the day before yesterday?
   
   ¿Qué día comió o bebió algo excepto agua por última vez: hoy, ayer o anteayer?
   
   [ ] (1=Today, 2=Yesterday, 3=Day before yesterday)

5. And at what time was that?  
   
   ¿Y, a qué hora fue eso?

6. Date of blood collection:  
   
   [ ] [ ] [ ] [ ] [ ] [ ] (mm/dd/yyyy)

7. Collection time:  
   
   [ ] [ ] [ ] [ ] hh:mm (24-hour format)

8. Was fasting blood collected before the snack?  
   
   [ ] (0=No, 1=Yes)

9. Number of venipuncture attempts:  

10. Any blood drawing incidents or problems?  
    
    [ ] (0=No, 1=Yes) [If Yes, specify in Q11, Q12 and/or Q25]
11. 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 12.

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

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

__________________________________________________________________________________________

13. Phlebotomist’s code number: ☐ ☐ ☐

14. Time at which tubes 5 - 7 were centrifuged: ☐ ☐ : ☐ ☐ hh:mm (24-hour format)

15. Time at which tubes 1 - 3 were centrifuged: ☐ ☐ : ☐ ☐ hh:mm (24-hour format)

16. Time at which aliquot tray 1 vials were placed in freezer: ☐ ☐ : ☐ ☐ hh:mm (24-hour format)

17. Blood Processor’s code number: ☐ ☐ ☐

18. Any blood processing incidents or problems? ☐ (0=No, 1=Yes) [If Yes, specify in Q19 and/or Q25]

19. 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 25.

<table>
<thead>
<tr>
<th>Tube Number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Broken tube</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Sample re-centrifuged</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Clotted</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Hemolyzed</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Lipemic</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
E. Urine Sample

20. Was a urine sample collected? ☐ (0=No, 1=Yes) [If No, Go to Q25]

21. Date of urine sample: _____/_____/_______ (mm/dd/yyyy)

22. Time urine sample collected: ☐ ☐ : ☐ ☐ hh:mm (24-hour format)

23. Time urine sample was processed: ☐ ☐ : ☐ ☐ hh:mm (24-hour format)

24. Urine processor’s code #: ☐ ☐ ☐

25. Comments on blood processing, urine collection/processing:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

F. V3 Ancillary Studies

26. Consented to participate in SOL VIDA? ☐ (0=No, 1=Yes)