**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 instructions**

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 instructions**

4. Confirm/ask per Safety Form: Has diabetes  
   - [ ] Yes  
   - [ ] No  
   **If Yes, exclude from OGTT; go to Q7**

5. Have you had part of your stomach or intestines removed?  
   - [ ] Yes  
   - [ ] No  
   **If Yes, exclude from OGTT; go to Q7**

6. Glucose meter reading  
   - If above 150 mg/dL exclude from OGTT; if above 200 mg/dL also go to Q6a, 6b
   
   - 6a. Hyperglycemia symptoms  
     - [ ] Yes  
     - [ ] No  
     **If symptoms present refer for urgent care**

   - 6b. 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?  
   - [ ] A.M / P.M.  
   **If fasting is less than 8 hrs, exclude from OGTT**
   
   (Circle One)

9. Date of blood collection:  
   - [ ] mm / d  
   - [ ] mm / y  
   - [ ] y  
   - [ ] y  
   - [ ] y  

10. Collection time:  
   - [ ] A.M / P.M.  
   **If Yes, specify in Q14 and/or Q15**
   
   (Circle One)

11. Was fasting blood collected before the glucola/snack?  
   - [ ] Yes  
   - [ ] No

12. Number of venipuncture attempts:  

13. Any blood drawing incidents or problems?  
   - [ ] Yes  
   - [ ] No  
   **If Yes, specify in Q14 and/or Q15**

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 14.

   - a. Sample not drawn  
   - b. Partial sample drawn  
   - c. Tourniquet reapplied  
   - d. Fist clenching  
   - e. Needle movement  
   - f. Participant reclining

   Tube
   - [ ] 1  
   - [ ] 2  
   - [ ] 3  
   - [ ] 4  
   - [ ] 5  
   - [ ] 6  
   - [ ] 7  
   - [ ] 8  
   - [ ] 9  
   - [ ] 10
15. If any other blood drawing problems not listed above (e.g., fasting status, etc.), describe incident or problem here:

___________________________________________________________________________________________
___________________________________________________________________________________________

16. Phlebotomist’s code number: □□□□

D. Blood Processing:

17. Time at which tubes 4 - 7 were centrifuged: □□□ : □□□ A.M / P.M. (Circle One)

18. Time at which tubes 1-2 were centrifuged: □□□ : □□□ A.M / P.M. (Circle One)

19. Time at which aliquot tray 1 vials were placed in freezer: □□□ : □□□ A.M / P.M. (Circle One)

20. Blood Processor’s code number: □□□□

21. Any blood processing incidents or problems? □ Yes □ No *If yes, specify in Q21 and/or Q22*

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 22.

<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>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Broken tube</td>
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<tr>
<td>b. Sample re-centrifuged</td>
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<td>c. Clotted</td>
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<tr>
<td>d. Hemolyzed</td>
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<tr>
<td>e. Lipemic</td>
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</tr>
</tbody>
</table>

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

___________________________________________________________________________________________
___________________________________________________________________________________________

24. Was a post-glucola sample collected?: □ Yes □ No

25. Time glucola given: □□□ : □□□ A.M. / P.M. (Circle One)


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

E. Urine Sample

28. Was a urine sample collected? □ Yes □ No

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

30. Time urine sample collected: □□□ : □□□ A.M. / P.M. (Circle One)

31. Time urine sample was processed: □□□ : □□□ A.M. / P.M. (Circle One)

32. Urine processor’s code #: □□□□