



HCHS /SOL Visit 2 PHANTOM FORM

PHANTOM ID NUMBER:									FORM CODE: PHT	Contact	02	SEQ #	00
									VERSION: 1, 8/12/2014	Occasion:			

Instructions: This form should be completed during participants' visit. Affix the PHANTOM HCHS ID label above. Affix the matching PARTICIPANT HCHS ID labels for the corresponding QC blood sample or urine specimen below. Note: Lab IDs will be linked through the corresponding Laboratory Collection form for each Participant ID, including the Phantom ID. Set CDART **Field Status** to 'Refused', 'No Response', 'Missing', etc for those questions that do not list these values as possible answer choices.

1. Date phantom ID assigned: / / 1a. LAB ID#:
M M / D D / Y Y Y Y **Affix Spec.Label**
2. Code number of person assigning phantom ID:

PROCEDURE	MATCHING PARTICIPANT HCHS ID#	DATE COLLECTED (MM / DD / YYYY)	TECHNICIAN ID
<u>Blood Samples</u>			
3. Tube 1 - 9 mL red-stoppered (serum)			
4. Tube 2 -9 mL red-stoppered (serum)			
5. Tubes 3 & 4 - 5 mL red-stoppered (serum) - 4 mL lavender-stoppered (EDTA)			
6. Tube 5 - 10 mL lavender-stoppered (EDTA)			
7. Tube 6 - 10 mL lavender-stoppered (EDTA)			
8. Tubes 7 & 8 (only for OGTT pts) - 4.5 mL blue-stoppered (Citrate) - 4 mL lavender-stoppered (EDTA)			
9. <u>Urine Specimen</u>			
10. <u>Echocardiography Repeat Examination</u>			