OMB #: 0925-xxxx
Expiration Date: xx/xxxx

National Children's Study

P1 Blood Draw Data Collection Form

Part A: Administrative

Date: |__|__| / |__|__| / |__|2___0_|__|__|

Time collection started: **|__|__|:|__|__|**
☐ **1 am** ☐ **2 pm**

Time collection stopped: **|__|__|:|__|__|**
☐ **1 am** ☐ **2 pm**

Assignment ID: |___|___|___|___|___|___|

Participant ID: |___|___|___|___|___|___|

Data Collector ID: |___|___|___|___|

Site ID: |___|___|___|___|

Visit location: ☐ 1 Home ☐ 2 Clinic/Office

Participant's age |__|__| years

Section Status (Select one)
- Complete ☐1
- Partial Complete ☐2
- Not Done ☐3

Reason for Not Done/Partial (Select one)
- SP Refusal ☐1
- SP III/Emergency ☐3
- No Time ☐4
- Safety Exclusion ☐10
- Physical Limitation ☐11
- Defective Collection Kit ☐15
- Language Issue, Spanish ☐17
- Language Issue, Non-Spanish ☐18
- Cognitive Disability ☐20
- No Time (no appt. set for next data collection) ☐25
- Other Specify_____ ☐96

Part B: Blood Collection Questions (Ask these questions at all visits when blood is drawn.)

1) Do you have hemophilia or any bleeding disorder?

☐ 1 Yes (Go to Part D) ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

2) Do you take any blood-thinning medication, such as Coumadin or Warfarin?

☐ 1 Yes (Go to Part D) ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

3) Have you had cancer chemotherapy within the past 4 weeks?

☐ 1 Yes (Go to Part D) ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

4) Have you had any problems with a blood draw in the past?

☐ 1 Yes ☐ 2 No (Go to Q 6)
☐ 97 Refuse (Go to Q 6) ☐ 98 Don't know (Go to Q 6)

5) What problems did you have with a blood draw in the past? (Check all that apply)

Fainting	☐1
Light-headedness	☐2
Hematoma	☐3
Bruising	☐4
Other Specify_____	☐96
Refused	☐97
Don't know	☐97

6) When was the last time you had anything to eat or drink?

|__|__|:|__|__| ☐ 1 am ☐ 2 pm

7) Is this a fasting blood sample? (*If the answer to Question 6 is less than 8 hours ago the answer is No.*)

☐ 1 Yes ☐ 2 No

Part C: Blood Collection

Kit ID: (Affix Pre-printed Blood Kit ID Label Here)

Data Collector ID: |___|___|___|___|

Blood Collection Status (Select one)

Collected	☐1
Partial Collected	☐2
Not collected	☐3

Reason for Partial/Not Collected (Select one)

Safety Exclusion	☐1
Physical Limitations	☐2
Participant III/ Emergency	☐3
Equipment Failure	☐4
No Suitable Vein	☐5
Hematoma	☐6
Fainting	☐7
Light-Headedness	☐8
Communication Problem	☐9
No Time	☐10
Other Specify_____	☐96
Refused	☐97 (Go to Part D)

Blood Collection Tubes		
LPS-0001	☐ 1 Collected ☐ 2 Partial Collected ☐ 3 Not Collected	
	Reason for not collected or partial: Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5 Hematoma ☐ 6	Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 Other, Specify_____ ☐96 Refuse ☐97
RED-0001	☐ 1 Collected ☐ 2 Partial Collected ☐ 3 Not Collected	
	Reason for not collected or partial: Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5 Hematoma ☐ 6	Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 Other, Specify_____ ☐96 Refuse ☐97
RED-0002	☐ 1 Collected ☐ 2 Partial Collected ☐ 3 Not Collected	
	Reason for not collected or partial: Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5 Hematoma ☐ 6	Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 Other, Specify_____ ☐96 Refuse ☐97
RED-0003	☐ 1 Collected ☐ 2 Partial Collected ☐ 3 Not Collected	
	Reason for not collected or partial: Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5 Hematoma ☐ 6	Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 Other, Specify_____ ☐96 Refuse ☐97
LAV-0001	☐ 1 Collected ☐ 2 Partial Collected ☐ 3 Not Collected	
	Reason for not collected or partial: Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5 Hematoma ☐ 6	Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 Other, Specify_____ ☐96 Refuse

Blood Collection Comment:_____

_____

_____

_____

Part D Saliva Collection (Only use if blood collection is refused or not possible)

Because you have hemophilia, are taking blood thinning medication, have had chemotherapy recently, or refused the blood draw, we will not be able to draw your blood at this time. Several measures that are performed in blood can be measured in saliva. Are you able to provide a saliva sample? ☐ **1 Yes** ☐ **2 No**

BE SURE TO REVIEW SALIVA SAMPLE COLLECTION INSTRUCTIONS WITH THE PARTICIPANT

Data Collector ID: |___|___|___|___|

Kit ID: (Affix Pre-Printed Saliva Kit ID Label Here)

☐ **1 Collected** ☐ **2 Partial Collected** ☐ **3 Not Collected**

Reason not done or partial:

No Time	☐ 1	Other, Specify_____	☐96
Participant Ill/Emergency	☐ 2	Refuse	☐97
Equipment Failure	☐ 3	Could Not Obtain	☐99

Saliva Comments:

_____

_____

_____

Initials QC

_____

OMB #: 0925-xxxx
Expiration Date: xx/xxxx

National Children's Study

Adult Blood Data Collection Form-T1 Mom

(Only for use when CHITA is not available)

Part A: Administrative

Date: |__|__| / |__|__| / |__|2___0_|__|__|

Data Collector ID: |____|____|____|____|

Visit location: Home ☐ 1 Clinic/Office ☐ 2

Time kit opened: |__|__|:|__|__|
am ☐ 1 pm ☐ 2

Place Adult Blood Collection –T1 Mom or Saliva BNC Collection Kit Label Here

Time collection stopped: |__|__|:|__|__|
am ☐ 1 pm ☐ 2

Section Status (Select one) Complete ☐ 1
Partial Complete ☐ 2
Not Done ☐ 3

Reason for Not Done/Partial (Select one)

- SP Refusal (Go to Part D) ☐ 1
- SP III/ Emergency ☐ 3
- No Time ☐ 4
- Safety Exclusions (Go to Part D) ☐ 10
- Physical Limitation (Go to Part D) ☐ 11
- Quantity Not Sufficient ☐ 14
- Defective Collection Kit ☐ 15
- Language Issue, Spanish ☐ 17
- Language Issue, Non-Spanish ☐ 18
- Cognitive Disability ☐ 20
- No Time (no appt. set for next data collection) ☐ 25
- Other, Specify_____ ☐ 96

Part B: Blood Pre-Screening Questions (Ask these questions at all visits when blood is drawn.)

1) Do you have hemophilia or any bleeding disorder?

Yes (Go to Part D) ☐ 1 No ☐ 2
Refused ☐ 97 Don't know ☐ 98

2) Do you take any blood thinning medication, such as Coumadin or warfarin?

Yes (Go to Part D) ☐ 1 No ☐ 2
Refused ☐ 97 Don't know ☐ 98

3) Have you had cancer chemotherapy within the past 4 weeks?

Yes (Go to Part D) ☐ 1 No ☐ 2
Refused ☐ 97 Don't know ☐ 98

4) Have you had any problems with a blood draw in the past?

Yes ☐ 1 No (Go to Part C) ☐ 2
Refused (Go to part C) ☐ 97 Don't know (Go to Part C) ☐ 98

5). What problems did you have with a blood draw in the past? (Check all that apply)

- Fainting ☐ 1
- Light-headedness ☐ 2
- Hematoma ☐ 3
- Bruising ☐ 4
- Other, Specify_____ ☐ 96
- Refused ☐ 97
- Don't know ☐ 98

Revised 7/8/08

Part C: Blood Collection Tubes		
	Collected ☐ 1 Partial Collected ☐ 2 Not Colleted ☐ 3	
LP01 3mL Lavender Prescreened	**Reason for not collected or partial:** Equipment failure ☐ 3 Fainting ☐ 4 Light-headedness ☐ 5 Hematoma ☐ 6	Bruising ☐ 7 Vein collapsed during the procedure ☐ 8 Other, Specify_____ ☐ 96 Refused ☐ 97
	Collected ☐ 1 Partial Collected ☐ 2 Not Colleted ☐ 3	
RD01 10 mL Red Top 01	**Reason for not collected or partial:** Equipment failure ☐ 3 Fainting ☐ 4 Light-headedness ☐ 5 Hematoma ☐ 6	Bruising ☐ 7 Vein collapsed during the procedure ☐ 8 Other, Specify_____ ☐ 96 Refused ☐ 97
	Collected ☐ 1 Partial Collected ☐ 2 Not Colleted ☐ 3	
RD04 10mL Red Top 04	**Reason for not collected or partial:** Equipment failure ☐ 3 Fainting ☐ 4 Light-headedness ☐ 5 Hematoma ☐ 6	Bruising ☐ 7 Vein collapsed during the procedure ☐ 8 Other, Specify_____ ☐ 96 Refused ☐ 97
	Collected ☐ 1 Partial Collected ☐ 2 Not Colleted ☐ 3	
RD03 10 mLRed top 03 SST	**Reason for not collected or partial:** Equipment failure ☐ 3 Fainting ☐ 4 Light-headedness ☐ 5 Hematoma ☐ 6	Bruising ☐ 7 Vein collapsed during the procedure ☐ 8 Other, Specify_____ ☐ 96 Refused ☐ 97

LV03 Lavender Top 03 6 mL EDTA	Collected ☐ 1 Partial Collected ☐ 2 Not Colleted ☐ 3	
	Reason for not collected or partial:	Bruising ☐ 7
	Equipment failure ☐ 3	Vein collapsed during the procedure ☐ 8
	Fainting ☐ 4	Other, Specify_____ ☐ 96
	Light-headedness ☐ 5	Refused ☐ 97
	Hematoma ☐ 6	
LV02 Lavender Top 02 PPT	Collected ☐ 1 Partial Collected ☐ 2 Not Colleted ☐ 3	
	Reason for not collected or partial:	Bruising ☐ 7
	Equipment failure ☐ 3	Vein collapsed during the procedure ☐ 8
	Fainting ☐ 4	Other, Specify_____ ☐ 96
	Light-headedness ☐ 5	Refused ☐ 97
	Hematoma ☐ 6	
LV04 Lavender Top 04 P100	Collected ☐ 1 Partial Collected ☐ 2 Not Colleted ☐ 3	
	Reason for not collected or partial:	Bruising ☐ 7
	Equipment failure ☐ 3	Vein collapsed during the procedure ☐ 8
	Fainting ☐ 4	Other, Specify_____ ☐ 96
	Light-headedness ☐ 5	Refused ☐ 97
	Hematoma ☐ 6	

Blood Collection Comment:_____

_____

_____

Part D Saliva BNC Collection (Only use if blood collection is refused or not possible)

Because you have hemophilia, are taking blood thinning medication, have had chemotherapy recently, or refused the blood draw, we will not be able to draw your blood at this time. Several measures that are performed in blood can be measured in saliva. Are you able to provide a saliva sample? **Yes ☐ 1** **No ☐ 2**

BE SURE TO REVIEW SALIVA SAMPLE COLLECTION INSTRUCTIONS WITH THE PARTICIPANT

Collected ☐ 1 Partial Collected ☐ 2 Not Colleted ☐ 3

Reason not done or partial:			
No time	☐ 1	Other, Specify_____	☐ 96
SP Ill/Emergency	☐ 2	Refuse	☐ 97
Equipment failure	☐ 3	Could not obtain	☐ 99

Saliva Comments:

_____

_____

_____

Part E: Transport Temperatures

Time placed in cold compartment for transport to SPSC: **|__|__|:|__|__|** am ☐ 1 pm ☐ 2

Cold Compartment temperature: **|__|__|.|__|** °C

Cold Compartment Upper (15 °C) Temperature Threshold Monitor has been activated Yes ☐ 1 No ☐ 2

Cold Compartment Lower (0 °C)Temperature Threshold Monitor has been activated Yes ☐ 1 No ☐ 2

Ambient Compartment Temperature Threshold Monitor has been activated Yes ☐ 1 No ☐ 2
(The ambient compartment is only used for P100 tubes that have not been centrifuged)

Data Collector ID for QC

|___|___|___|___|

OMB #: 0925-xxxx
Expiration Date: xx/xxxx

For Office Use Only
Participant # __ __ __ __ __
#__ __ __ __

National Children's Study

Father Blood Draw Data Collection Form

Part A: Administrative

Date: |__|__| / |__|__| / |__|2___0_|__|__|

Assignment ID: |___|___|___|___|___|___|

Participant ID: |___|___|___|___|___|___|

Data Collector ID: |___|___|___|___|

Site ID: |___|___|___|___|

Participant's age |__|__| years

Section Status (Select one)
- Complete ☐1
- Partial Complete ☐2
- Not Done ☐3

Reason for Not Done/Partial (Select one)
- Safety Exclusion ☐1
- Physical Limitations ☐2
- Participant III/Emergency ☐3
- Equipment Failure ☐4
- Communication Problem ☐5
- No Time ☐6
- Other Specify_____ ☐96
- Refused ☐97
- Don't know ☐98

Part B: Blood Collection Questions (Ask these questions at all visits when blood is drawn.)

1) Do you have hemophilia or any bleeding disorder?

☐ 1 Yes (Go to Part C) ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

2) Do you take any blood-thinning medication, such as Coumadin or Warfarin?

☐ 1 Yes (Go to Part C) ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

3) Have you had cancer chemotherapy within the past 4 weeks?

☐ 1 Yes (Go to Part C) ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

4) Have you had any problems with a blood draw in the past?

☐ 1 Yes ☐ 2 No (Go to Q 6)
☐ 97 Refuse (Go to Q 6) ☐ 98 Don't Know (Go to Q 6)

5) What problems did you have with a blood draw in the past? (Check all that apply)

Fainting	☐1
Light-Headedness	☐2
Hematoma	☐3
Bruising	☐4
Other Specify_____	☐96
Refused	☐97
Don't Know	☐97

6) When was the last time you had anything to eat or drink?

|__|__|:|__|__| ☐ 1 am ☐ 2 pm

7) Is this a fasting blood sample? (*If the answer to Question 6 is less than 8 hours ago the answer is No.*)

☐ 1 Yes ☐ 2 No

Part C Saliva Collection (Only use if blood collection is refused or not possible)

8) Because you {*have hemophilia; are taking blood thinning medication; have had chemotherapy recently*} we will not be able to draw your blood at this time. Several measures that are performed in blood can be measured in saliva. Are you able to provide a saliva sample? ☐ 1 Yes ☐ 2 No

BE SURE TO REVIEW SALIVA SAMPLE COLLECTION INSTRUCTIONS WITH THE PARTICIPANT

Kit ID: |___|___|___|___|___|___|___|___|___|___|___|___|

9) Saliva collection status ☐ 1 Collected ☐ 2 Not Collected

Reason for not collecting

No Time	☐1
Participant III/Emergency	☐2
Equipment Failure	☐3
Other Specify_____	☐96
Refused	☐97
Don't Know	☐98
Could Not Obtain	☐99

Saliva Comments:

_____

_____

_____

_____

Part D Tubes to be Drawn		
Kit ID:	|___|___|___|___|___|___|___|___|___|___|___|	
Red top (10ml)	☐1 Collected ☐ 2 Not Collected **Reason for not collecting:** No time ☐ 1 Participant Ill/Emergency ☐ 2 Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5	Hematoma ☐ 6 Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 No Suitable Vein ☐ 9 Other, Specify_____ ☐96 Refuse ☐97 Don't Know ☐98
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|	
Lavender top (10ml)	☐ 1 Collected ☐ 2 Not Collected **Reason for not collecting:** No Time ☐ 1 Participant Ill/Emergency ☐ 2 Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5	Hematoma ☐ 6 Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 No Suitable Vein ☐ 9 Other, Specify_____ ☐96 Refuse ☐97 Don't Know ☐98
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|	
Pre-screened lavender top (10ml)	☐ 1 Collected ☐ 2 Not Collected **Reason for not collecting:** No Time ☐ 1 Participant Ill/Emergency ☐ 2 Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5	Hematoma ☐ 6 Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 No Suitable Vein ☐ 9 Other, Specify_____ ☐96 Refuse ☐97 Don't Know ☐98
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|	

ACD/PBMC tube	☐ 1 Collected ☐ 2 Not Collected **Reason for not collecting:** No Time ☐ 1 Participant Ill/Emergency ☐ 2 Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5	Hematoma ☐ 6 Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 No Suitable Vein ☐ 9 Other, Specify_____ ☐96 Refuse ☐97 Don't Know ☐98
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|	

Blood Collection Comment:_____

_____

_____

_____

OMB #: 0925-xxxx
Expiration Date: xx/xxxx

For Office Use Only
Participant # _ _ _ _ _ _

#_ _ _ _

National Children's Study

T3 Mother Blood Draw Data Collection Form

Part A: Administrative

Date: |__|__| / |__|__| / |__|2___0_|__|__|

Assignment ID: |___|___|___|___|___|___|

Participant ID: |___|___|___|___|___|___|

Data Collector ID: |___|___|___|___|

Site ID: |___|___|___|___|

Participant's age |__|__| years

Section Status (Select one) Complete ☐1
Partial Complete ☐2
Not Done ☐3

Reason for Not Done/Partial (Select one)

Safety Exclusion ☐1
Physical Limitations ☐2
Participant III/Emergency ☐3
Equipment Failure ☐4
Communication Problem ☐5
No Time ☐6
Other Specify_____ ☐96
Refused ☐97

Part B: Blood Collection Questions

1) Do you have hemophilia or any bleeding disorder? ☐ 1 Yes (Go to Part C) ☐ 2 No ☐ 97 Refuse ☐ 98 Don't Know

2) Do you take any blood-thinning medication, such as Coumadin or Warfarin? ☐ 1 Yes (Go to Part C) ☐ 2 No ☐ 97 Refuse ☐ 98 Don't Know

3) Have you had cancer chemotherapy within the past 4 weeks? ☐ 1 Yes (Go to Part C) ☐ 2 No ☐ 97 Refuse ☐ 98 Don't Know

4) Have you had any problems with a blood draw in the past? ☐ 1 Yes ☐ 2 No (Go to Q 6) ☐ 97 Refuse (Go to Q 6) ☐ 98 Don't Know (Go to Q 6)

5). What problems did you have with a blood draw in the past? (Check all that apply)

Fainting ☐ 4
Light-Headedness ☐ 5
Hematoma ☐ 6
Bruising ☐ 7
Other, Specify_____ ☐96
Refuse ☐97
Don't Know ☐98

6) When was the last time you had anything to eat or drink? |__|__|:|__|__| ☐. 1 am ☐ 2 pm

7) Is this a fasting blood sample? (*If the answer to Question 6 is less than 8 hours ago the answer is No.*)

☐ 1 Yes ☐ 2 No

8) Have you had coffee or tea today?

☐ 1 Yes ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

9) Have you had alcohol such as beer wine or liquor today?

☐ 1 Yes ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

10) Have you chewed gum, used breath mints, lozenges or cough drops, or other cough or cold remedies today?

☐ 1 Yes ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

11) Have you used antacid, laxatives, or anti-diarrheals today?

☐ 1 Yes ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

12) Have you taken a dietary supplement such as vitamins or minerals today?

☐ 1 Yes ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

Part C Saliva Collection (Only use if blood collection is refused or not possible)

13) Because you {*have hemophilia; are taking blood thinning medication; have had chemotherapy recently*} we will not be able to draw your blood at this time. Several measures that are performed in blood can be measured in saliva. Are you able to provide a saliva sample? ☐ 1 Yes ☐ 2 No

BE SURE TO REVIEW SALIVA SAMPLE COLLECTION INSTRUCTIONS WITH THE PARTICIPANT

Kit ID: |___|___|___|___|___|___|___|___|___|___|___|___|

Data Collector ID: |___|___|___|___|

Saliva Status

☐ 1 Collected ☐ 2 Not Collected

Reason for not collecting:

No Time	☐ 1	Other, Specify_____	☐96
Participant Ill/Emergency	☐ 2	Refuse	☐97
Equipment Failure	☐ 3	Could Not Obtain	☐99

Saliva Comments:

_____

_____

_____

_____

Part D Tubes to be drawn

Kit ID: |___|___|___|___|___|___|___|___|___|___|___|___|

Data Collector ID: |___|___|___|___|

Red top (10ml)

☐ 1 Collected ☐ 2 Not Collected

Reason for not collecting:

- No Time ☐ 1
- Participant Ill/Emergency ☐ 2
- Equipment Failure ☐ 3
- Fainting ☐ 4
- Light-Headedness ☐ 5
- Hematoma ☐ 6
- Bruising ☐ 7
- Vein Collapsed During the Procedure ☐ 8
- No Suitable Vein ☐ 9
- Other, Specify__________ ☐96
- Refuse ☐97

Tube barcode |___|___|___|___|___|___|___|___|___|___|___|___|

Red top (10ml)

☐ 1 Collected ☐ 2 Not Collected

Reason for not collecting:

- No Time ☐ 1
- Participant Ill/Emergency ☐ 2
- Equipment Failure ☐ 3
- Fainting ☐ 4
- Light-Headedness ☐ 5
- Hematoma ☐ 6
- Bruising ☐ 7
- Vein Collapsed During the Procedure ☐ 8
- No Suitable Vein ☐ 9
- Other, Specify__________ ☐96
- Refuse ☐97

Tube barcode |___|___|___|___|___|___|___|___|___|___|___|___|

Red top (10ml)

☐ 1 Collected ☐ 2 Not Collected

Reason for not collecting:

- No Time ☐ 1
- Participant Ill/Emergency ☐ 2
- Equipment Failure ☐ 3
- Fainting ☐ 4
- Light-Headedness ☐ 5
- Hematoma ☐ 6
- Bruising ☐ 7
- Vein Collapsed During the Procedure ☐ 8
- No Suitable Vein ☐ 9
- Other, Specify__________ ☐96
- Refuse ☐97

Tube barcode |___|___|___|___|___|___|___|___|___|___|___|___|

PBMC (10ml)	☐ 1 Collected ☐ 2 Not Collected **Reason for not collecting:** No Time ☐ 1 Participant Ill/Emergency ☐ 2 Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5	Hematoma ☐ 6 Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 No Suitable Vein ☐ 9 Other, Specify_____ ☐96 Refuse ☐97
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|	
Lavender EDTA (10ml)	☐ 1 Collected ☐ 2 Not Collected **Reason for not collecting:** No Time ☐ 1 Participant Ill/Emergency ☐ 2 Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5	Hematoma ☐ 6 Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 No Suitable Vein ☐ 9 Other, Specify_____ ☐96 Refuse ☐97
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|	
Lavender EDTA (10ml)	☐ 1 Collected ☐ 2 Not Collected **Reason for not collecting:** No Time ☐ 1 Participant Ill/Emergency ☐ 2 Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5	Hematoma ☐ 6 Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 No Suitable Vein ☐ 9 Other, Specify_____ ☐96 Refuse ☐97
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|	
Gray top NaF (4 ml)	☐ 1 Collected ☐ 2 Not Collected **Reason for not collecting:** No Time ☐ 1 Participant Ill/Emergency ☐ 2 Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5	Hematoma ☐ 6 Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 No Suitable Vein ☐ 9 Other, Specify_____ ☐96 Refuse ☐97
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|	

PAX GENE RNA (10ml)	☐ 1 Collected ☐ 2 Not Collected **Reason for not collecting:** No Time ☐ 1 Participant Ill/Emergency ☐ 2 Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5	Hematoma ☐ 6 Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 No Suitable Vein ☐ 9 Other, Specify_____ ☐96 Refuse ☐97
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|	
Blood Collection Comment:_____ _____ _____ _____		

OMB #: 0925-xxxx
Expiration Date: xx/xxxx

For Office Use Only
Participant # __ __ __ __ __
Assignment #__ __ __ __ __

National Children's Study

Birth Maternal Blood Data Collection Form

Part A: Administrative	
Mother's name:_____ Name of Hospital_____ SC/VC ID: _____	Date of collection:_____/_____/_____ Time of collection: _____:_____ am pm Staff ID_____ Hospital NCS

Part B: Precollection Questions	
Do you have hemophilia or any bleeding disorder?	☐ Yes ☐ No ☐ Don't Know ☐ Refused
Do you take any blood-thinning medication, such as Coumadin or Warfarin?	☐ Yes ☐ No ☐ Don't Know ☐ Refused
Have you had cancer chemotherapy within the past 4 weeks?	☐ Yes ☐ No ☐ Don't Know ☐ Refused
Have you had any problems with a blood draw in the past?	☐ Yes ☐ Fainting ☐ Light-Headedness ☐ Hematoma ☐ Bruising ☐ Other ☐ No ☐ Don't Know ☐ Refused
When was the last time you had anything to eat or drink, other than water?	Time: _____: ____ am pm ☐ Don't Know ☐ Refused

Part C: Samples Collected	
Kit ID:_____	
Position of participant:	☐ Sitting ☐ Reclining

Tube type	**Sample ID**
3 mL prescreened Lavender EDTA tube for metals	
10 mL Red Top #1	
10 mL Red Top #2	
10 mL Red Top #3	

Part D: Comments

OMB #: 0925-xxxx
Expiration Date: xx/xxxx

For Office Use Only
Participant # __ __ __ __ __
#__ __ __ __

National Children's Study

Child 12 Months Blood Draw Data Collection Form

Part A: Administrative

Date: |__|__| / |__|__| / |__|2___0_|__|__|

Assignment ID: |___|___|___|___|___|___|

Participant ID: |___|___|___|___|___|___|

Data Collector ID: |___|___|___|___|

Site ID: |___|___|___|___|

Participant's age |__|__| months

Section Status (Select one)
- Complete ☐1
- Partial Complete ☐2
- Not Done ☐3

Reason for Not Done/Partial (Select one)
- Safety Exclusion ☐1
- Physical Limitations ☐2
- Participant III/Emergency ☐3
- Equipment Failure ☐4
- Communication Problem ☐5
- No Time ☐6
- Other Specify_____ ☐96
- Refused ☐97
- Don't Know ☐98

Part B: Blood Collection Questions (Ask these questions at all visits when blood is drawn for the child.)

1) Does _____ (child's name) have hemophilia or any bleeding disorder?

☐ 1 Yes (Go to Part C) ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

2) Does _____ (child's name) take any blood-thinning medication, such as Coumadin or Warfarin?

☐ 1 Yes (Go to Part C) ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

3) Has _____ (child's name) had cancer chemotherapy within the past 4 weeks?

☐ 1 Yes (Go to Part C) ☐ 2 No
☐ 97 Refuse ☐ 98 Don't Know

4) Has _____ (child's name) had any problems with a blood draw in the past?

☐ 1 Yes ☐ 2 No (Go to Q 6)
☐ 97 Refuse (Go to Q 6) ☐ 98 Don't Know (Go to Q 6)

5). What problems did _____ (child's name) have with a blood draw in the past? (Check all that apply)

Fainting	☐1
Light-Headedness	☐2
Hematoma	☐3
Bruising	☐4
Other Specify_____	☐96
Refused	☐97
Don't Know	☐97

6) When was the last time _____ (child's name) had anything to eat or drink?

|__|__|:|__|__| ☐ 1 am ☐ 2 pm

7) Is this a fasting blood sample? (*If the answer to Question 6 is less than 8 hours ago the answer is No.*)

☐ 1 Yes ☐ 2 No

Part C Saliva Collection (Only use if blood collection is refused or not possible)

8) Because your child {*has hemophilia; is taking blood thinning medication; has had chemotherapy recently*} we will not be able to draw his/her blood at this time. Several measures that are performed in blood can be measured in saliva. Is _____ (child's name) able to provide a saliva sample? ☐ 1Yes ☐ 2 No

BE SURE TO REVIEW SALIVA SAMPLE COLLECTION INSTRUCTIONS WITH THE PARTICIPANT

Kit ID: |___|___|___|___|___|___|___|___|___|___|___|___|

9) Saliva collection status ☐ 1 Collected ☐ 2 Not Collected

Reason for not collecting

No Time	☐1
Participant III/Emergency	☐2
Equipment Failure	☐3
Other Specify_____	☐96
Refused	☐97
Don't Know	☐98
Could Not Obtain	☐99

Saliva Comments:

_____

_____

_____

_____

Part D Tubes to be drawn for Child at 12 Months

Kit ID:	|___|___|___|___|___|___|___|___|___|___|___|___|	
Red top (5ml)	☐ 1 Collected ☐ 2 Not Collected **Reason for not collecting:** No Time ☐ 1 Participant Ill/Emergency ☐ 2 Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5	Hematoma ☐ 6 Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 No Suitable Vein ☐ 9 Other, Specify_____ ☐96 Refuse ☐97 Don't Know ☐98
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|___|	
Red top (5ml)	☐ 1 Collected ☐ 2 Not Collected **Reason for not collecting:** No Time ☐ 1 Participant Ill/Emergency ☐ 2 Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5	Hematoma ☐ 6 Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 No Suitable Vein ☐ 9 Other, Specify_____ ☐96 Refuse ☐97 Don't Know ☐98
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|___|	
Lavender top (6ml)	☐ 1 Collected ☐ 2 Not Collected **Reason for not collecting:** No Time ☐ 1 Participant Ill/Emergency ☐ 2 Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5	Hematoma ☐ 6 Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 No Suitable Vein ☐ 9 Other, Specify_____ ☐96 Refuse ☐97 Don't Know ☐98
Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|___|	
Pre-screened lavender top (3ml)	☐ 1 Collected ☐ 2 Not Collected **Reason for not collecting:** No Time ☐ 1 Participant Ill/Emergency ☐ 2 Equipment Failure ☐ 3 Fainting ☐ 4 Light-Headedness ☐ 5	Hematoma ☐ 6 Bruising ☐ 7 Vein Collapsed During the Procedure ☐ 8 No Suitable Vein ☐ 9 Other, Specify_____ ☐96 Refuse ☐97 Don't Know ☐98

Tube barcode	|___|___|___|___|___|___|___|___|___|___|___|___|

Blood Collection Comment:_____

_____

_____

_____