EXACERBATION SUBSTUDY
BIOSPECIMEN COLLECTION FORM

ID NUMBER: ☐☐☐☐☐☐☐

FORM CODE: **EBI**
VERSION: 1.0 09/25/2019   Event:_____

0a) Date of Collection ☐☐ / ☐☐ / ☐☐☐☐   0b) Staff Code ☐☐☐

> **Instructions:** *This form should be completed during the participant's Exacerbation Substudy Visits.*

Fasting Status

1) Did you fast before today's appointment?
   ☐ No$_0$
   ☐ Yes$_1$

2) At what time did you last eat?   ☐☐:☐☐ AM/PM

Blood Specimen Collection

3) Time of blood collection   ☐☐:☐☐ AM/PM

4) Number of venipuncture attempts: ☐ times

5) Any blood drawing incidents or problems?
   ☐ No$_0$ → **Go to 8**
   ☐ Yes$_1$

6) Blood drawing incidents: Document problems with venipuncture below. 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, please specify in item 7 below.

	Tube 1	Tube 2	Tube 3	Tube 4	Tube 5	Tube 6	Tube 7
6a) Sample Not Drawn	☐	☐	☐	☐	☐	☐	☐
6b) Partial Sample Drawn	☐	☐	☐	☐	☐	☐	☐
6c) Tourniquet Reapplied	☐	☐	☐	☐	☐	☐	☐
6d) Fist Clenching	☐	☐	☐	☐	☐	☐	☐
6e) Needle Movement	☐	☐	☐	☐	☐	☐	☐
6f) Participant Reclining	☐	☐	☐	☐	☐	☐	☐
6g) Sample Re-drawn	☐	☐	☐	☐	☐	☐	☐

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

_____

8) Phlebotomist's staff code: ☐☐☐

Blood Specimen Processing: Please indicate the time each tube was processed.

9) Tube 1: Red Top #1 – Serum collected?
   ☐ No$_0$ → **Go to 10**
   ☐ Yes$_1$

   9a) Time Processed: ☐ ☐ : ☐ ☐ AM/PM

   9b) Problems Processing?
      ☐ No$_0$ → **Go to 9c**
      ☐ Yes$_1$
         If Yes, please specify the problem (check all that apply):

         ☐ Broken Tube
         ☐ Sample re-centrifuged
         ☐ Clotted
         ☐ Hemolyzed
         ☐ Lipemic
         ☐ Other

         9b6a) If Other, please specify: _____

   9c) Number of aliquots   ☐

   9d) Volume in last aliquot   ☐ ☐ ☐ ☐ µL

   9e) Freezer box number   ☐ ☐ ☐ ☐

   9f) Time aliquots were placed in freezer   ☐ ☐ : ☐ ☐ AM/PM

10) Tube 2: Red Top #2 – Serum collected?
   ☐ No$_0$ → **Go to 11**
   ☐ Yes$_1$

   10a) Time Processed: ☐ ☐ : ☐ ☐ AM/PM

   10b) Problems Processing?
      ☐ No$_0$ → **Go to 10c**
      ☐ Yes$_1$
         If Yes, please specify the problem (check all that apply):

         ☐ Broken Tube
         ☐ Sample re-centrifuged
         ☐ Clotted
         ☐ Hemolyzed
         ☐ Lipemic
         ☐ Other

         10b6a) If Other, please specify: _____

   10c) Number of aliquots   ☐

   10d) Volume in last aliquot   ☐ ☐ ☐ ☐ µL

   10e) Freezer box number   ☐ ☐ ☐ ☐

   10f) Time aliquots were placed in freezer ☐ ☐ : ☐ ☐ AM/PM

11) Tube 3: Lavender Top #1 – Plasma - EDTA 10ml collected?

☐ No$_0$ → **Go to 12**

☐ Yes$_1$

11a) Time Processed: ☐ ☐ : ☐ ☐ AM/PM

11b) Problems Processing?

☐ No$_0$ → **Go to 11c**

☐ Yes$_1$

If Yes, please specify the problem (check all that apply):

☐ Broken Tube
☐ Sample re-centrifuged
☐ Clotted
☐ Hemolyzed
☐ Lipemic
☐ Other

11b6a) If Other, please specify: _____

11c) Number of aliquots ☐

11d) Volume in last aliquot ☐ ☐ ☐ ☐ µL

11e) Freezer box number ☐ ☐ ☐ ☐

11f) Time aliquots were placed in freezer ☐ ☐ : ☐ ☐ AM/PM

12) Tube 4: Lavender Top #2 – Plasma - EDTA 10ml collected?

☐ No$_0$ → **Go to 13**

☐ Yes$_1$

12a) Time Processed: ☐ ☐ : ☐ ☐ AM/PM

12b) Problems Processing?

☐ No$_0$ → **Go to 12c**

☐ Yes$_1$

If Yes, please specify the problem (check all that apply):

☐ Broken Tube
☐ Sample re-centrifuged
☐ Clotted
☐ Hemolyzed
☐ Lipemic
☐ Other

12b6a) If Other, please specify: _____

12c) Number of aliquots ☐

12d) Volume in last aliquot ☐ ☐ ☐ ☐ µL

12e) Freezer box number ☐ ☐ ☐ ☐

12f) Time aliquots were placed in freezer ☐ ☐ : ☐ ☐ AM/PM

13) Tube 5: Lavender Top #3 – Plasma - CBC 4ml collected?

☐ No$_0$ → **Go to 14**

☐ Yes$_1$

13a) If Yes, what time was it sent to clinical center lab?   ☐☐ : ☐☐ AM/PM

14) Tube 6: P100 – Plasma P100 collected?

☐ No$_0$ → **Go to 15**

☐ Yes$_1$

14a) Time Processed: ☐☐ : ☐☐ AM/PM

14b) Problems Processing?

☐ No$_0$ → **Go to 14c**

☐ Yes$_1$

If Yes, please specify the problem (check all that apply):

☐ Broken Tube
☐ Sample re-centrifuged
☐ Clotted
☐ Hemolyzed
☐ Lipemic
☐ Other

14b6a) If Other, please specify: _____

14c) Number of aliquots   ☐

14d) Volume in last aliquot   ☐☐☐☐ µL

14e) Freezer box number   ☐☐☐☐

14f) Time aliquots were placed in freezer   ☐☐ : ☐☐ AM/PM

15) Tube 7: PAXgene – RNA collected?

☐ No$_0$ → **Go to 16**

☐ Yes$_1$

15a) Time Processed   ☐☐ : ☐☐ AM/PM

15b) Freezer box number   ☐☐☐☐

15c) Volume in tube   ☐☐☐☐☐ µl

Urine Biospecimen Collection

16) Was a urine sample collected?

☐ No$_0$ → **Go to 22**

☐ Yes$_1$

17) Time urine sample was collected   ☐☐ : ☐☐ AM/PM

18) Time urine sample was processed   ☐☐ : ☐☐ AM/PM

19) Number of aliquots with preservative   ☐☐

20) Number of aliquots without preservative   ☐☐

21) Time urine samples were placed in freezer   ☐☐ : ☐☐ AM/PM

22) Is this participant able to become pregnant?

☐No$_0$ → **Go to 24**

☐Yes$_1$

23) Is a pregnancy test required or requested?

☐No$_0$ → **Go to 24**

☐Yes$_1$

23a) Was the participant pregnant?

☐No$_0$

☐Yes$_1$

24) Biospecimen Processing Staff Code   ☐☐☐

END OF FORM