

Note – A copy of this form must be submitted to the Vermont Labs with the specimen.

Collection Information:

1. Draw time:

fas1

____ : ____
24 Hour Clock

2. Does the participant bleed or bruise easily?

fas2

0 No
 1 Yes
 88 Don't Know

3. Has the participant ever been told that they have a disorder related to blood clotting or coagulation?

fas3

0 No
 1 Yes
 88 Don't Know

4. Has the participant ever experienced fainting spells while having blood drawn?

fas4

0 No
 1 Yes
 88 Don't Know

5. Time at start of venipuncture:

fas5

____ : ____
24 Hour Clock

6. Elapsed time until tourniquet released:

fas6

____ : ____
24 Hour Clock

7. Time at end of venipuncture:

fas7

____ : ____
24 Hour Clock

8. Was any blood drawn?

fas8

1 Yes, full sample
 2 Yes, partial sample
 3 No, refused
 4 No, hard to stick
 98 No, other reason, specify:

8a. If Partial Sample was obtained, please specify:

10 mL Serum Partial Volume ____ fas8a1

10 mL EDTA Partial Volume ____ fas8a2

Note if either of these were not done, write ND in space provided.

9. Quality of venipuncture:

fas9

1 Traumatic
 2 Clean

9a. If Quality is Traumatic, please check all that apply:

fas9a1 fas9a2 fas9a3 fas9a4 fas9a5 fas9a6

1 Vein collapse
 2 Hematoma
 3 Excessive duration of draw
 4 Vein hard to get
 5 Leakage at venipuncture site
 6 Multiple stick

Processing Information:

10. Processing Start Time: _____ : _____ EDTA _____ : _____ SERUM
24 Hour Clock 24 Hour Clock
fas10a fas10b

11. Vial processing information:

	Vial #	Type	Color	Vol. (mL)	Done	Comments
11a.	1	SERUM	Clear	1.0mL	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Partial Volume <input type="checkbox"/> Hemolysis
					fas11a1	fas11a2
11b.	2	SERUM	Red	0.5mL	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Partial Volume <input type="checkbox"/> Hemolysis
					fas11b1	fas11b2
11c.	3	SERUM	Red	0.5mL	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Partial Volume <input type="checkbox"/> Hemolysis
					fas11c1	fas11c2
11d.	4	SERUM	RED	0.5mL	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Partial Volume <input type="checkbox"/> Hemolysis
					fas11d1	fas11d2
11e.	5	SERUM	RED	0.5mL	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Partial Volume <input type="checkbox"/> Hemolysis
					fas11e1	fas11e2
11f.	6	SERUM	RED	0.5mL	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Partial Volume <input type="checkbox"/> Hemolysis
					fas11f1	fas11f2
11g.	7	SERUM	RED	0.5mL	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Partial Volume <input type="checkbox"/> Hemolysis
					fas11g1	fas11g2
11h.	8	SERUM	RED	0.5mL	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Partial Volume <input type="checkbox"/> Hemolysis
					fas11h1	fas11h2
11i.	9	SERUM	RED	0.5mL	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Partial Volume <input type="checkbox"/> Hemolysis
					fas11i1	fas11i2
11j.	10	EDTA	PURPLE	0.5mL	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Partial Volume <input type="checkbox"/> Hemolysis
					fas11j1	fas11j2
11k.	11	EDTA	PURPLE	0.5mL	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Partial Volume <input type="checkbox"/> Hemolysis
					fas11k1	fas11k2
11l.	12	EDTA	PURPLE	0.5mL	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Partial Volume <input type="checkbox"/> Hemolysis
					fas11l1	fas11l2
11m.	13	EDTA	PURPLE	0.5mL	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Partial Volume <input type="checkbox"/> Hemolysis
					fas11m1	fas11m2
11n.	14	EDTA	PURPLE	0.5mL	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Partial Volume <input type="checkbox"/> Hemolysis
					fas11n1	fas11n2
11o.	15	EDTA	PURPLE	0.5mL	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Partial Volume <input type="checkbox"/> Hemolysis
					fas11o1	fas11o2
11p.	16	EDTA	PURPLE	0.5mL	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Partial Volume <input type="checkbox"/> Hemolysis
					fas11p1	fas11p2
11q.	17	EDTA	PURPLE	0.5mL	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Partial Volume <input type="checkbox"/> Hemolysis
					fas11q1	fas11q2
11r.	18	EDTA	PURPLE	0.5mL	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Partial Volume <input type="checkbox"/> Hemolysis
					fas11r1	fas11r2
11s.	19	EDTA	PURPLE	0.5mL	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Partial Volume <input type="checkbox"/> Hemolysis
					fas11s1	fas11s2
11t.	20	Packed Cells	WHITE	5.0mL	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Partial Volume <input type="checkbox"/> Hemolysis
					fas11t1	fas11t2

12. Were samples frozen? fas12 No Yes

13. Date samples sent to Vermont Lab: fas13 _____ / _____ / _____
M M D D Y Y Y Y