

	<p align="center">- Affix label here-</p> <p>Clinical Center/ID: _____ - _____</p> <p>First Name _____ M.I. _____</p> <p>Last Name _____</p>
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BLOOD REQUEST (Mark one.) ___HRT ___DM ___HRT + DM ___OS

Blood Collection Tube		Three 7 ml Royal Blue		Two 4.5 ml Light Blue		One 10 ml Lavender		One 2 ml Lavender
Cryovials		Four 1.8 ml Serum	Trig. 0.5 ml Serum	Coag Panel Three 1.8 ml Plasma	One 1.8 Buffy coat	Lipid Panel Three 1.8 ml Plasma	1 RBC	1 Buffy Coat
Study	Visit							
CT/OS	SV1	X	HRT if Lipemic	X	X	X	X	X
CT	1st Annual	X	HRT if Lipemic	X	X	X	X	X
CT	Subsample at 3rd, 6th, and 9th Annual	X	HRT if Lipemic	X		X		
OS	3 Year	X		X	X	X	X	X

BLOOD COLLECTION

- Date blood drawn: -- (M/D/Y)
- Drawn by:
- Contact type:

☐₁ Phone
☐₂ Mail

☐₃ Visit
☐₈ Other
- Visit type:

☐₁ Screening
☐₂ Semi-Annual
☐₃ Annual
☐₄ Non-Routine

 #
 #
- Time drawn: : (Hr:Min) ☐₁ AM ☐₂ PM

BLOOD COLLECTION CHECKLIST

- "How long since you had anything to eat or drink besides water?" hours
 (If you are drawing for a lipid panel and this is less than 12 hours, do not draw blood. Arrange a time when the woman can come in for a fasting blood draw.)
- 7.1. "Have you engaged in any vigorous physical activity in the last eight hours?" ☐₀ No ☐₁ Yes
- 7.2. "Have you taken any aspirin or anti-inflammatory agents in the last 48 hours?" ☐₀ No ☐₁ Yes
8. WHI blood sample number:

- Affix blood sample "Form" label here and on back of form -

K _____

BLOOD PROCESSING

9. Processed by:
10. Time began centrifugation: : (Hr:Min) ☐₁ AM ☐₂ PM
11. **For HRT and HRT + DM Screening Visits and Annual Visits Only:** Is serum in royal blue tube lipemic?
☐₀ No
☐₁ Yes → Process aliquot for triglyceride level
12. Time sample placed in cryovials: : (Hr:Min) ☐₁ AM ☐₂ PM
13. Time cryovials placed in freezer: : (Hr:Min) ☐₁ AM ☐₂ PM
14. WHI blood sample number:

- Affix blood sample "Form" label here -

Orig Tube Color	Cryovial Color/Test	15. Cryovial Number	16. Mark if Sample Processed
Royal Blue	Orange	<input type="text"/> 0 <input type="text"/> 2	<input type="checkbox"/> ₁
Royal Blue	Orange	<input type="text"/> 0 <input type="text"/> 3	<input type="checkbox"/> ₁
Royal Blue	Orange	<input type="text"/> 0 <input type="text"/> 4	<input type="checkbox"/> ₁
Royal Blue	Orange	<input type="text"/> 0 <input type="text"/> 5	<input type="checkbox"/> ₁
Light Blue	Blue	<input type="text"/> 0 <input type="text"/> 6	<input type="checkbox"/> ₁
Light Blue	Blue	<input type="text"/> 0 <input type="text"/> 7	<input type="checkbox"/> ₁
Light Blue	Blue	<input type="text"/> 0 <input type="text"/> 8	<input type="checkbox"/> ₁
Royal Blue 7ml	Trig (0.5 ml)	<input type="text"/> 0 <input type="text"/> 9	<input type="checkbox"/> ₁
Lavender 10ml	Yellow	<input type="text"/> 1 <input type="text"/> 0	<input type="checkbox"/> ₁
Lavender 10ml	Yellow	<input type="text"/> 1 <input type="text"/> 1	<input type="checkbox"/> ₁
Lavender 10ml	Yellow	<input type="text"/> 1 <input type="text"/> 2	<input type="checkbox"/> ₁
Lavender 10ml	White (Buffy Coat)	<input type="text"/> 1 <input type="text"/> 3	<input type="checkbox"/> ₁
Lavender 10ml	Red (RBC)	<input type="text"/> 1 <input type="text"/> 4	<input type="checkbox"/> ₁
Lavender 2 ml	CBC	<input type="text"/> 1 <input type="text"/> 6	<input type="checkbox"/> ₁
Light Blue 10 ml	White (Buffy Coat)	<input type="text"/> 2 <input type="text"/> 0	<input type="checkbox"/> ₁