- Affix Member ID Label Here-

Member ID: __ __ __ __ - ___ ___ ___ - __

First Name _____M.I._____

Last Name _____

DO NOT SEPARATE THE PAGES OF THIS FORM

1. NBS Visit 1 Date: ⌊__⌋⌊__⌋-⌊__⌋⌊__⌋-⌊__⌋⌊__⌋ (MM/DD/YY)

2. Visit 1 Staff ID: ⌊__⌋⌊__⌋⌊__⌋

3. Contact Type: ☒ 3 Visit

4. Visit Type: ☒ 4 Non-Routine

ELIGIBILITY AND CONSENT

5. Eligibility and Consent Staff ID: ⌊__⌋⌊__⌋⌊__⌋

6. Eligibility Checklist Result:
☐ 1 Eligible
☐ 0 Ineligible → **Thank the participant and end the NBS visit.**

7. NBS Consent Signed:
☐ 1 Yes
☐ 0 No → **Thank the participant and end the NBS visit.**

ANTHROPOMETRIC MEASURES

8. Anthropometric Measures Staff ID: ⌊__⌋⌊__⌋⌊__⌋

9. Height: ⌊__⌋⌊__⌋⌊__⌋.⌊__⌋ cm

10. Weight: ⌊__⌋⌊__⌋⌊__⌋.⌊__⌋ kg

K_____

11. Visit 1 Specimen Number

Affix

"Form 75
NBS
Visit 1"

Label Here

11.1. Participant is in NBS QC Sample: ☐ 0 No
☐ 1 Yes

Visit 1
QC Label # 1

Visit 1
QC Label # 2

TIME 0 (Fasting)

12. TIME 0 (Fasting) URINE COLLECTION

Collect a 4mL specimen using a 5mL Corning cryovial.
Use "NBS Urine Visit 1 Time 0" label.

12.1. Time 0 Urine Staff ID: ⌊___⌋

12.2. Time Collected: ⌊__⌋ : ⌊__⌋ (Hr:Min) ☐ 1 AM ☐ 2 PM

13. DOUBLY LABELED WATER DOSING

CAUTION – Do not administer DLW unless fasting urine is complete.

13.1. DLW Dosing Staff ID: ⌊___⌋

13.2. DLW Dose Weight: ⌊____⌋ . ⌊_____⌋

13.3. DLW Lot Number: WHI - ⌊_⌋ (1-9)

13.4. Time of DLW Dose: ⌊__⌋ : ⌊__⌋ (Hr:Min) ☐ 1 AM ☐ 2 PM

13.5. DLW Spillage: ☐ 1 Yes → **Follow protocol for DLW spillage.**
☐ 0 No

TIME 1 – One Hour After DLW

14. MEAL REPLACEMENT BEVERAGE

14.1. MRB Consumed: ☐ 1 Yes → **14.2.** Amount: ____ mL

☐ 0 No **14.3.** Time: ____ : ____ (Hr:Min) ☐ 1 AM ☐ 2 PM

TIME 2 -Two Hours After DLW

15. TIME 2 URINE COLLECTION

Collect a 4mL specimen using a 5mL Corning cryovial.
Use "NBS Urine Visit 1 Time 2" label.

15.1. Time 2 Urine Staff ID: ____

15.2. Time Collected: ____ : ____ (Hr:Min) ☐ 1 AM ☐ 2 PM

TIME 3 - Three Hours After DLW

16. TIME 3 URINE COLLECTION

Collect a 4mL specimen using a 5mL Corning cryovial.
Use "NBS Urine Visit 1 Time 3" label.

16.1. Time 3 Urine Staff ID: ⌊___⌋

16.2. Time Collected: ⌊__⌋ : ⌊__⌋ (Hr:Min) ☐1 AM ☐2 PM

17. TIME 3 BLOOD DRAW

17.1 Participant Age:

☐0 Less than 60 → Blood draw not required (Go to Q18)
☐1 60 or older → Perform blood draw (Date of birth is on or before today's date in 1944)

Vacutainer	Cryovials	Cryovial Labels Use "NBS Plasma Visit 1" labels with cryovial numbers
One - 10 mL Lavender, DRY EDTA	Three - 1.8 mL Plasma	40, 41, 42

17.2. Time 3 Blood Draw Staff ID: ⌊___⌋

17.3. Time of Draw: ⌊__⌋ : ⌊__⌋ (Hr:Min) ☐1 AM ☐2 PM

17.4. Time 3 Blood Processing Staff ID: ⌊___⌋

18. OTHER BEVERAGES CONSUMED

No more than 250 mL per hour between hour 2 and hour 4.
Offer second beverage only if needed to produce urine specimen.

18.1. Beverage 1 Amount: ⌊____⌋ mL (If none, enter 0)

18.2. Beverage 1 Time: ⌊__⌋ : ⌊__⌋ (Hr:Min) ☐1 AM ☐2 PM

18.3. Beverage 2 Amount: ⌊____⌋ mL (If none, enter 0)

18.4. Beverage 2 Time: ⌊__⌋ : ⌊__⌋ (Hr:Min) ☐1 AM ☐2 PM

TIME 4 - Four Hours After DLW

19. TIME 4 URINE COLLECTION

Collect a 4mL specimen using a 5mL Corning cryovial.
Use "NBS Urine Visit 1 Time 4" label.

19.1. Time 4 Urine Staff ID: ⌊___⌋

19.2. Time Collected: ⌊__⌋ : ⌊__⌋ (Hr:Min) ☐1 AM ☐2 PM

VISIT 1 COMPLETENESS CHECKLIST

___ Pages 1-5 of this form are reviewed and complete

___ Form 60 (Food Frequency Questionnaire) is scanned and results checked for missings & multiple marks

___ Form 35 (Personal Habits Update) is scanned and results checked for missings & multiple marks

___ Current Supplements (Form 45 - Current Supplements) WHILMA entry is complete

___ NBS Visit 2 is scheduled

___ Participant has received the 24-hour urine kit

NBS Visit 1 is not complete unless all of the above are complete.

20. Visit 1 Completeness Staff ID: ⌊___⌋

NOTES: