

- Affix Member ID Label Here-

Member ID: _____ - _____ - _____

First Name _____ M.I. _____

Last Name _____

DO NOT SEPARATE THE PAGES OF THIS FORM

1. NBS Visit 3 Date: _____ (MM/DD/YY)

2. Visit 3 Staff ID: _____

3. Contact Type: ☒₃ Visit4. 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 for Future Participation

Signed and in Chart: ☐₁ Yes☐₀ No → **Obtain consent.****ANTHROPOMETRIC MEASURES**

8. Anthropometric Measures Staff ID: _____

9. Height: _____ . _____ cm

10. Weight: _____ . _____ kg

K _____

11. Visit 3 Specimen Number



Affix
"Form 77
NBS
Visit 3"
Label Here

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

Visit 3
QC Label # 1

Visit 3
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 3 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 PM13.5. DLW Spillage: ☐₁ Yes ☐₀ No **Follow protocol for DLW spillage.**

TIME 1 – One Hour After DLW**14. MEAL REPLACEMENT BEVERAGE**14.1. MRB Consumed: ☐₁ Yes →☐₀ No14.2. Amount: mL14.3. 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 3 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 3 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 3" labels with cryovial numbers
One - 10 mL Lavender, <u>DRY</u> 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 PM17.4. 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 PM18.3. 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 3 Time 4" label.

19.1. Time 4 Urine Staff ID:

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

VISIT 3 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 4 is scheduled
- ☐ Participant has received the 24-hour urine kit

NBS Visit 3 is not complete unless all of the above are complete.

20. Visit 3 Completeness Staff ID:

NOTES: