

Kenya Breast Health Study BLOOD COLLECTION AND PROCESSING FORM

- ❖ Verify Blood Kit ID matches the Master Kit ID
- ❖ Apply PID Label where indicated on the form

Collection Summary

Blood Kit ID
Apply Label Here
(AKU##### -BK01)

A. Site ID:

- Aga Khan Hospital..... 1
- AIC Kijabe Hospital..... 2
- Moi Teaching Hospital 3

B. Did the participant agree to collect a blood sample:

- YES 1
- NO 2 => **DO NOT COLLECT BLOOD**

C. After administering the questions in Section 1, is the participant able to provide a blood sample?

- YES 1
- NO 2 => **DO NOT COLLECT BLOOD**

D. Date and time collected:

|_|_| / |_|_| / |2|0|_|_| Example: 01/JAN/2013
Day Month Year

|_|_|:|_|_| 24 Hour clock Example: 14:30
HH:MM

E. Red Top Tube:

- i. Full 1
- ii. Partial 2
- iii. Not Collected..... 3

F. Lavender Top Tube:

- i. Full 1
- ii. Partial 2
- iii. Not Collected..... 3

❖ **SECTION 1: Record the participant's answers to questions 1 through 3 below.**

1. Do you have hemophilia?

YES 1

NO 2

2. Are you currently taking blood-thinning medication other than aspirin?

YES 1

NO 2

❖ **If the answer to any question in SECTION 1 is "Yes", then DO NOT COLLECT BLOOD.**

❖ SECTION 2: Record the participant's answers to questions 4 through 14.

3. Have you received chemotherapy, had a blood transfusion, platelets, plasma or other blood product in the past four weeks?

YES 1
NO 2

4. Have you ever had your blood drawn before?

YES 1
NO 2 (7)

5. Have you ever had problems when your blood was drawn?

YES 1
NO 2 (7)

6. What types of problems have you had? (RECORD ALL)

BRUISING 1
FELT FAINT OR DIZZY 2
PROBLEMS WITH VEINS 3
OTHER: SPECIFY 6

10. When was the last time you had anything to eat or drink other than water?

|_|_| / |_|_| / |2|0|_|_| Example: 01/JAN/2013
Day Month Year

|_|_| : |_|_| 24 Hour clock Example: 14:30
HH:MM

Processing Summary

G. Lab Technician ID |_|_|_|_|_|_|_|_|

H. Date and Time Processed

|_|_|_| / |_|_|_|_| / |2|0|_|_|_|
Day Month Year

Example: 01/JAN/2013

|_|_|_| : |_|_|_| 24 Hour clock Example: 14:30
HH:MM

I. Record if aliquot was made:

Collection Tube	Aliquot Material Type	Aliquot Volume	Sequence #	Aliquot Created?
Lavender Top (K ₂ EDTA)	Plasma	1.8 ml If less, record amount here: _____ ml	0011	<input type="checkbox"/> Yes <input type="checkbox"/> No
			0012	<input type="checkbox"/> Yes <input type="checkbox"/> No
			0013	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Buffy coat	0.5-1.0 ml	0021	<input type="checkbox"/> Yes <input type="checkbox"/> No
	RBC	1.8 ml If less, record amount here: _____ ml	0031	<input type="checkbox"/> Yes <input type="checkbox"/> No
			0032	<input type="checkbox"/> Yes <input type="checkbox"/> No
Red Top	Serum	1.8 ml If less, record amount here: _____ ml	0041	<input type="checkbox"/> Yes <input type="checkbox"/> No
			0042	<input type="checkbox"/> Yes <input type="checkbox"/> No
			0043	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Blood Clot	5.0 ml	0051	<input type="checkbox"/> Yes <input type="checkbox"/> No

J. Time Aliquots were placed in -80°C freezer:

|_|_|_| : |_|_|_| 24 Hour clock Example: 14:30
HH:MM