DISC Form 11 Rev. 1 10/09/89 2 Pages



DIETARY INTERVENTION STUDY IN CHILDREN ADULT VENIPUNCTURE FORM

OFFICE	ID					
USE	NC					
ONLY	VN	I	V	0	1	

This form should be completed at the first intervention visit each time a venipuncture is <u>scheduled</u> to be done on an adult, regardless of whether the venipuncture was actually performed. If venipuncture was not done, record the <u>intended</u> date of blood drawing in item 2, and answer item 3, and items 5 through 8.

1. 2A.	Gender of participant:	Male	Female 2
211.	Month Day	- <u>-</u> -	ear
В.	Time of blood drawing:	() A.M.	() P.M. 2
3A.	Has a blood specimen been obtained from the parent/guardian at this visit?	Yes	No
	IF ITEM 3A IS <u>YES</u> , ANSWER ITEMS 3C-I BELOW. IF ITEM 3A IS <u>NO</u> , ANSWER ITEM 3B.		
В.	If <u>No</u> , why not?	Yes	No
	1. Parent/guardian refused		
	2. Technical problems		
	3. Parent/guardian was not fasting		
	4. Other reason		
	Specify:		

SKIP TO ITEM 5.

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	A. Date:	- <u>V</u>
	Month Day	Year
	B. Time: _ : : : : : : : : : : : : : _ : : : : : : : : : : : : : _ : : : : : _ : : _ : _ : : _ : _ : _ : _ : _ : : _ :	() () A.M. P.M. 1 2
5.	A. Signature of venipuncture technician:	
	B. I.D. Number of venipuncture technician:	
6.	DT-60 total cholesterol for this specimen	0 mg/dl
	Check here if DT-60 total cholesterol not done	
7.	Form checked for completeness and accuracy:	
	A. Signature:	
	B. DISC certification number	
8.	Date form completed: Month Day	Year
	Retain a copy of this form for your files. Mail the origon to the DISC Coordinating Center.	ginal
	DISC Coordinating Center Maryland Medical Research Institute 600 Wyndhurst Avenue Baltimore, Maryland 21210	