

OCCLUDED ARTERY TRIAL

OAT-NUC Biomarker Study Blood Sample Form
(FOR BIOMARKER STUDY PATIENTS)

OAT Form 37
Rev 0
03/23/2004
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41128

Please Use Black Pen To Fill Out Form.

Patient's ID Number: [] [] [] - [] [] []

Letter Code: [] []

Correction

Date form completed: **fm37dt** [] [] [] [] [] [] [] []
mmm dd yyyy

Time period: Baseline 1 year **timeprd2**

1. Was blood sample drawn for biomarkers? Yes No **bioblood**

2. Date and Time blood sample drawn: **bio_dt** [] [] [] [] [] [] [] [] **bio_hr** [] [] **bio_min** [] []
mmm dd yyyy hh mm

**IF YES, SKIP ITEM A.
IF NO AND TIME PERIOD IS BASELINE,
PATIENT IS INELIGIBLE. DO NOT COMPLETE
THIS FORM. IF NO AND TIME PERIOD IS 1
YEAR, COMPLETE ITEM A, SIGNATURE AND
STAFF NUMBER.**

3. Number of samples being sent to the laboratory:
 1 sample 2 samples **biosampl**

- A. Why was blood sample not drawn? Yes No
- 1. Patient refused **ptrefuse**
 - 2. Physician refused **drrefuse**
 - 3. Unable to contact patient **nocontct**
 - 4. Patient too ill **ptill**
 - 5. Patient died **ptdead**
 - 6. Other, specify below: **nd_otr**

4. Identifying information used on label to identify this patient's blood sample(s):
a. Sample 1 [] [] [] [] **biobl1**
b. Sample 2 [] [] [] [] **biobl2**

[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
nd_otrk

The DCC will provide pre-printed labels for the samples. The number from the label should be recorded in item 4.

Signature: _____

[] [] [] - [] [] []
OAT Staff Number

FAX THIS FORM TO MMRI 410-323-4729

IF BLOOD SAMPLE WAS DRAWN, KEEP THIS FORM IN FILES AT BLOOD SAMPLE COLLECTION SITE AND BLOOD SAMPLE STORAGE SITE.