I. STUDY NUMBER	_____
II. TODAY'S DATE	__ __ / __ __ / __ __
III. RA INITIALS	___ ___ ___

VISIT 1 BLOOD COLLECTION FORM

1. Was a Visit 1 blood sample obtained? ☐1 YES
   ☐2 NO → **(SKIP TO 5)**

   a. Tubes collected:

      i. Green-top: ☐1 YES
      ☐2 NO

      ii. Purple-top: ☐1 YES
      ☐2 NO

2. Blood collection time (00:00 - 24:00): ___ ___ : ___ ___

3. Blood collection date: ____ ____ / ____ ____ / ____ ____
   M M / D D / Y Y

4. Indicate whether blood was refrigerated or put in cooler after collection?
   ☐1 REFRIGERATED
   ☐2 PUT IN COOLER

5. Reason blood sample not obtained or a tube missing:

   _____

   _____