

WIHS ID #

C. BLOOD DRAW (LISTED IN ORDER OF CORRECT BLOOD DRAW)

	<u>TEST TYPE</u>	<u>TUBE TYPE</u>	<u>WHOLE BLOOD VOLUME</u>	<u>a.) SPECIMEN COLLECTED</u>			<u>b.) REQUIRED VOLUME COLLECTED</u>		<u>c.) ESTIMATED VOLUME COLLECTED</u>
				<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>YES</u>	<u>NO</u>	
C1.	TC, HDL-C, TRIG, dLDL-C, insulin*	Gold or Tiger-top SST (10 ml size)	8.5 ml	1	2	3*	1 (C4)	2	_ _ mls.
		IF NO, SPECIFY REASON		i. _____					
C4.	Glucose*	Gray-Top (3 ml size)	2.5 ml	1	2	3*	1 (END)	2	_ _ mls.
		IF NO, SPECIFY REASON		i. _____					

*** IF THE PARTICIPANT IS FASTING AT THE CORE VISIT THEN RECORD COLLECTION OF THESE TUBES ON F29, NOT CV29.**