

ATBC STUDY

BLOOD SAMPLE FORM

This form is used whenever a blood sample is taken during a follow-up visit.

1. Name _____

2 ID _____

3. Sampling date ____/____ 19 ____, full hour _____

4. Reason for sample

1 Cancer case

2 Control

3 Follow-up visit sample

4 other; what _____

5. Blood sample taken

1 No

2 Yes, _____ aliquots of serum (1-_____)

6. Serum ID _____

7. Fasting hours _____

If less than 12, what has the participant eaten during the past 12 hours?

8. Nurse ID _____