Follow-up Blood/Saliva Collection Form

Blood Tubes Collected

fb1 1. Purple Top (Whole Blood) - if not previously collected 

   0 1 2 or more

   day month year

   Go to item 2

fb1a a. Date of Blood Draw: d d m m y y

   hour minutes

fb1b b. Time of Blood Draw: __:__ 24-hr clock

fb2 2. Purple Top (CBC/Diff)

   fb3 3. Serum Separator Tube (SST - Tiger Top)

   fb4 4. Acid Citrate Dextrose (ACD - Yellow Top) - UCSF ONLY

Oragene™ Saliva Specimen

fb5 5. Date sample was collected: d d m m y y

fb6 6. Date sample received: d d m m y y

   fb7_go Good fb7_lo Low Volume (<2ml) fb7_cl Colored

   fb7_le Leaking fb7_cn Contains Sediment fb7_ot Other, specify: ____________ fb7_sp

7. Quality of sample received: Mark all that apply