

Blood Collection (BC-1)

Purpose: Record data about the collection of blood for DNA banking, citalopram levels, and/or electrolyte panels.

When: At EN for DNA banking and electrolyte panels and at F3, F6, and F9 for citalopram levels and electrolyte panels.

Complete by: CitAD certified personnel.

Blood obtained from: Patient.

Instructions: This form can be used to record the collection of multiple samples at a visit. Record patient ID, patient four-letter code, visit ID, and date of blood collection on the two blood tube labels, transfer one label to the tube of blood. Place the second label where indicated on this form (see item 12, 13, and 14).

A. Clinic, patient, and visit identification

1. Clinic ID: _____

2. Patient ID: C _____

3. Patient four-letter code: _____

4. Date form completed:
_____ day _____ month _____ year

5. Visit ID: _____

6. Form revision date:
1 1 - a u g - 0 9
day month year

B. Blood collection information

7. Date blood collected:
_____ day _____ month _____ year

8. Time blood collected:
_____ : _____ (1) (2)
hour minute p. am p. pm

9. Blood was collected for (*check all that apply*):
- a. DNA banking (1)
 - b. Citalopram levels (1)
 - c. Electrolyte panels (1)

10. Is the patient currently on study treatment:
(Yes) (No)
(1) (2)

11. Study drug information

a. Date study medication last taken:
_____ - _____ - _____
day month year

b. Time study medication last taken:
_____ : _____ (1) (2)
hour minute p. am p. pm

- c. Study medication dose: (*check only one*):
- 1 capsule/day (1)
 - 2 capsules/day (2)
 - 3 capsules/day (3)

Form label (Place the blood collection form label below and key as item 12-14):

12. DNA

Affix DNA label here

13. Citalopram

Affix citalopram label here

14. Electrolyte

Affix electrolyte label here

12. 1

C. Administrative information

15. Date form reviewed by person collecting blood:

____ - ____ - ____
 day month year

16. ID of person collecting blood: ____ - ____ - ____

17. Signature of the person collecting blood:

18. Date form reviewed by study coordinator:

____ - ____ - ____
 day month year

19. Study coordinator ID: ____ - ____ - ____

20. Study coordinator signature:
