

BPV Case ID: _____ Affix BPV Case ID Barcode Label Tissue Bank ID: _____	Form Completed By: _____ Date Form Was Completed: __/__/_____ (MM/DD/YYYY)
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Blood Collection Instructions

1. Blood Collection and Processing Standard Operating Procedure (SOP): PR-0005 BPV Blood Collection and Processing

PLEASE NOTE: Collection of blood in the plasma ethylenediamine tetraacetic acid (EDTA) tube is mandatory. The volume of blood to be collected in the EDTA tube is 10.0 mL such that at least 12 plasma aliquots (0.25 mL plasma per aliquot) and three whole cell pellet aliquots (1.0 mL whole cell pellet per aliquot) are collected. Collection of blood in the DNA PAXgene/RNA PAXgene tubes is optional. If blood is collected in the optional tubes, the minimum requirement is as follows: (1) DNA PAXgene blood tube with 4.0 mL blood and (1) RNA PAXgene blood tube with 1.0 mL blood. If the minimum requirement for pre-operative blood collection as specified in the SOP is not met, this participant is NOT ELIGIBLE to continue in the study. Do not collect tissue from this participant.

2a. The Minimum Requirement Was Met for Pre-Operative Blood Collection as per the SOP (EDTA Tube):	Select one: <input type="radio"/> Yes <input type="radio"/> No	<i>If no, answer question 2b.</i>
2b. Was Approval Received from Leidos Biomedical Research, Inc., to Proceed with Collection?	Select one: <input type="radio"/> Yes <input type="radio"/> No	<i>If Yes, upload the approval to Case Detail Page to proceed. If No, the questions below are not applicable. Do not continue.</i>
3. Blood Draw Type:	Select one: <input type="radio"/> Pre-Operative (Pre-Anesthesia) <input type="radio"/> Other, Specify Specify Other Blood Draw Type:	
4. Date and Time Blood Was Drawn:	__/__/_____ (MM/DD/YYYY)	__:____ (HH:MM)

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5. Blood Draw Was Performed By:	Select one: <input type="radio"/> Anesthesiologist <input type="radio"/> Consent or Research Analyst/Coordinator <input type="radio"/> Nurse <input type="radio"/> Nurse Anesthetist <input type="radio"/> O.R. Technician <input type="radio"/> Phlebotomist <input type="radio"/> Unknown <input type="radio"/> Other, Specify Specify Role of Other Blood Drawer: _____ Name of Person Who Performed Blood Draw: Plasma Randomization Key ID:
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Blood Collection Tube Details: Enter Information for Each Tube Collected

Collection Tube Specimen Barcode ID	Specimen Tube Type	Processed For	Volume Collected
	<input type="radio"/> EDTA Tube (Mandatory)	Blood, Plasma	_____ mL
	<input type="radio"/> DNA PAXgene Tube (Optional)	Blood, DNA	_____ mL
	<input type="radio"/> RNA PAXgene Tube (Optional)	Blood, RNA	_____ mL

6. Blood Source:	Select one: <input type="radio"/> Fresh Venous Needle Stick <input type="radio"/> Other, Specify: Specify Other Blood Source: _____
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7. Blood Collection Comments:	
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Blood Processing Overview		
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8. Date and Time Blood Received in the Lab:	____/____/_____ (MM/DD/YYYY)	____:____ (HH:MM)
9. Blood Tube(s) Received in Lab By:		
10. Temperature in Lab When Blood Was Received:	_____ °C	
11. Humidity in Lab When Tube(s) Were Received:	_____ %	

Optional: (1) DNA PAXgene Tube (Minimum of 4.0 mL of Blood Required)			
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12. DNA PAXgene Tube Specimen Barcode ID:	13. Time DNA PAXgene Tube Was Frozen at -20°C ± 2°C:	14. Time DNA PAXgene Tube Was Transferred to Storage at -75°C ± 5°C:	15. DNA PAXgene Tube Was Stored By:
	____:____ (HH:MM)	____:____ (HH:MM)	

Note Deviations From SOP, Processing or Storage Issues	
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16. DNA PAXgene Tube Was Collected and Stored in Accordance With the Specified SOP:	Select one: <input type="radio"/> Yes <input type="radio"/> No
17. DNA PAXgene Tube Collection Comments:	
18. DNA PAXgene Tube Storage Comments:	

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Optional(1) RNA PAXgene Tube (Minimum of 1.0 mL of Blood Required)

19. RNA PAXgene Tube Specimen Barcode ID:	20. Time RNA PAXgene Tube Was Frozen at -20°C ± 2°C: ____:____ (HH:MM)	21. Time RNA PAXgene Tube Was Transferred to Storage at -75°C ± 5°C: ____:____ (HH:MM)	22. RNA PAXgene Tube Was Stored By:
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Note Deviations From SOP, Processing or Storage Issues

23. RNA PAXgene Tube Was Collected and Stored in Accordance With the Specified SOP:	Select one: <input type="radio"/> Yes <input type="radio"/> No
24. RNA PAXgene Tube Collection Comments:	
25. RNA PAXgene Tube Storage Comments:	

Mandatory: Plasma Aliquots — 12 (0.25 mL) Plasma Aliquots

EDTA Tube Centrifugation

26. EDTA Collection Tube Specimen Barcode ID:	27. Time Plasma Processing Began: ____:____ (HH:MM)
28. Conical Centrifuge Tube Code:	29a. Conical Tube Volume: _____ mL

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29b. Aliquot Details: Enter Information for Each Aliquot Derived From Conical Centrifuge Tube (Minimum of 12 Aliquots Containing 0.25 mL of Plasma, 1.2 mL Cryovials)						
	Plasma Aliquot Specimen Barcode ID:	Plasma Aliquot Volume:	Time Placed on Dry Ice: (HH:MM)	Scanned ID of Cryovial When Transferred:	Time Transferred to Freezer: (HH:MM)	Freezer Type Transferred to :
Aliquot 1		___ mL				
Aliquot 2		___ mL				
Aliquot 3		___ mL				
Aliquot 4		___ mL				
Aliquot 5		___ mL				
Aliquot 6		___ mL				
Aliquot 7		___ mL				
Aliquot 8		___ mL				
Aliquot 9		___ mL				
Aliquot 10		___ mL				
Aliquot 11		___ mL				
Aliquot 12		___ mL				
Aliquot 13		___ mL				
Aliquot 14		___ mL				
Aliquot 15		___ mL				
Aliquot 16		___ mL				

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30. Plasma Aliquots Were Processed By:

31. Frozen Plasma Transfer Completed By:

Note Deviations from SOP, Processing or Storage Issues

32. Plasma Processing Was Performed in Accordance With Specified SOP:	Select one: <input type="radio"/> Yes <input type="radio"/> No
33. Plasma Processing Comments:	
34. Was Presence of Gross Hemolysis of Plasma Observed?	Select one: <input type="radio"/> Yes <input type="radio"/> No
35. Plasma Storage Issues:	

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Mandatory: Whole Cell Pellet – (3) 1.0 mL aliquots

Whole Cell Pellet Information

36a. Volume of Whole Cell Pellet:	_____ mL	<i>This is the volume remaining after the plasma has been removed</i>
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36b. Aliquot Details: Enter information for Each Aliquot Derived From Collection Tube

	Whole Cell Pellet Aliquot Specimen Barcode ID:	Whole Cell Pellet Aliquot Volume:
Aliquot 1		_____ mL
Aliquot 2		_____ mL
Aliquot 3		_____ mL
Aliquot 4		_____ mL
Aliquot 5		_____ mL

37. Time Whole Cell Pellet Aliquots Processing Was Completed: ____:____ (HH:MM)	38. Time Whole Cell Pellet Aliquots Were Frozen (-80 °C): ____:____ (HH:MM)	39. Time Whole Cell Pellet Aliquots Were Transferred to Storage: ____:____ (HH:MM)	40. Whole Cell Pellet Aliquots Were Processed By:
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Note Deviations from SOP, Processing or Storage Issues

41. Whole Cell Pellet Processing Was Performed in Accordance With the Specified SOP:	Select one: <input type="radio"/> Yes <input type="radio"/> No
42. Whole Cell Pellet Processing Comments:	
43. Whole Cell Pellet Storage Issues:	