Blood Collection:

1. [ ] Was blood drawn?
   1. No
   2. Yes

2. Date of blood collection: [200] (mm-dd-yyyy)

3. [ ] Were blood specimens processed within two hours of venipuncture?
   1. No
   2. Yes
   99. Unknown

3b. If no, what was the interval between venipuncture and freezing of specimen? [ ] hrs.

Urine Collection:

4. [ ] Was urine collected?
   1. No
   2. Yes

5. Date of urine collection: [200] (mm-dd-yyyy)

   If other than #2, record date of collection: [200] (mm-dd-yyyy)

Sputum Collection:

6. [ ] Were sputum collection and mailing materials given to the participant for home collection?
   1. No
   2. Yes

7. Date sputum materials were given to participant: [200] (mm-dd-yyyy)

   If other than #2, record date of collection: [200] (mm-dd-yyyy)

Blood Processing and Labeling:

8. [ ] Number of Citrate Plasma cryotubes prepared (labeled below)

   If other than #2, record date of collection: [200] (mm-dd-yyyy)

   Citrate Plasma 1
   Orange Cap

   Citrate Plasma 3
   Orange Cap

   Citrate Plasma 2
   Orange Cap

   Citrate Plasma 4
   Orange Cap
9. [ ] Number of Citrate Buffy Coat cryotubes prepared (labeled below)

   If other than #2, record date of collection: 2000 (mm-dd-yyyy)

   Citrate Buffy Coat 1
   Pink Cap

   Citrate Buffy Coat 3
   Pink Cap

   Citrate Buffy Coat 2
   Pink Cap

   Citrate Buffy Coat 4
   Pink Cap

Urine Processing and Labeling

10. [ ] Number of Urine cryotubes prepared (labeled below)

    If other than #2, record date of collection: 2000 (mm-dd-yyyy)

    Urine 1
    Yellow Cap

    Urine 2
    Yellow Cap

11. Date specimen mailed to Colorado Specimen Bank: 2000 (mm-dd-yyyy)

12. [ ] Check here if the participant signed an IRB approved consent to have blood, urine and sputum specimens obtained and stored at the University of Colorado specimen bank for use in future studies?

FAX completed form to:

American College of Radiology
ACRIN 6654 NLST
FAX: (215) 717-0936
Attention: ACRIN 6654 NLST Data Management

COMMENTS ____________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Signature of person responsible for data ________________________________  2000

Date form completed (mm-dd-yyyy)