BL forms are to be completed for all participants who have consented to provide Biomarkers for the NLST Study. Ideally, blood, urine, and sputum samples are collected at the T0-baseline visit, T1 visit and T2 visit. Participants may provide all or part of the biomarker specimens requested. BL Forms are to be submitted regardless of the level of specimen collection including instances when no specimens are collected. In this instance, questions 1, 4, and 6 would be completed reporting that no specimens were collected (Q1, 4, 6= No). If no specimens are collected the BL form is sufficient. No additional paperwork (GCM, PR, etc.) is required.

The site RA completes the Form. The completed form is enclosed with the specimens and sent to the Colorado Specimen Bank. One copy of the BL Form is retained at the site in the participant’s file and one copy is to be mailed to ACRIN HQ. A completed ACRIN Case Specific Label should be affixed to each page of the BL Form. In lieu of a label, the Participants Initials, Case Number, Institution Number and Institution Name can be recorded in the space provided.

**Blood Collection:**
1. **Was Blood Drawn:** Required element. Record the appropriate response (code numbers 1-2) indicating whether or not a specimen was obtained. If no blood was drawn (Q1=No), skip to Q4.

2. **Date of Blood Collection:** Record the date of blood collection.

3. **Were Blood specimens processed within two hours of venipuncture:** Record the appropriate response (code numbers 1, 2, 99) indicating if specimens were processed within 2 hours.

3b. **If NO, what was the interval between venipuncture and processing:** Record the appropriate interval in hours.

**Urine Collection:**
4. **Was Urine Collected:** Required element. Record the appropriate response (code numbers 1-2) indicating whether or not a specimen was obtained. If no urine was collected (Q4=No), skip to Q6.

5. **Date of Urine Collection:** If the date of urine collection is the same as blood collection (Q2) use the checkbox provided, if not, record the date of urine collection.

**Sputum Collection:**
6. **Were Sputum collection and mailing materials given to the participant:** Required element. Record the appropriate response (code numbers 1-2) indicating if the sputum kit was given to the participant. If the participant did not receive a sputum kit (Q6=No), skip to Q8.

7. **Date Sputum materials were given to participant:** If the of sputum collections is the same blood collection (Q2), use the checkbox provided, if not, record the date the kit was given to the participant.

**Blood Processing and Labeling:**
8. **Number of Citrate Plasma cryotubes prepared:** Record the appropriate number of cryotubes used in the space provided. Number of cryotubes recorded should match number of cryotubes sent to specimen lab. If less than four cryotubes of blood were collected, cross-out (single line through) the BL label(s) corresponding to the unused cryotubes indicating which cryotubes were not used and which were used and sent to Colorado. If date of cryotube preparation is different from date of blood collection please record date of preparation.

9. **Number of Citrate Buffy Coat cryotubes prepared:** Record the appropriate number of cryotubes used in the space provided. Number of cryotubes recorded should match number of cryotubes sent to specimen lab. If less than four cryotubes of blood were collected, cross-out (single line through) the BL label(s) corresponding to the unused cryotubes indicating which cryotubes were not used and which were used and sent to Colorado. If date of cryotube preparation is different from date of blood collection please record date of preparation.
Urine Processing and Labeling:

10. **Number of Urine cryotubes prepared**: Record the appropriate number of cryotubes used in the space provided. Number of cryotubes recorded should match number of cryotubes sent to specimen lab. If less than four cryotubes of blood were collected, cross-out (single line through) the BL label(s) corresponding to the unused cryotubes indicating which cryotubes were not used and which were used and sent to Colorado. If date of cryotube preparation is different from date of blood collection please record date of preparation.

11. **Date Specimens mailed to Colorado Specimen Bank**: Record the date that the blood and urine specimens were mailed to the Colorado Specimen Bank.

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**: Check box if appropriate. Only participants consenting to biomarkers should have specimens collected. If a participant withdraws biomarker consent, report this event on an NP Form.

**Comments**: Provided for clinical notes, not entered into database.

**Signature of person responsible for data**: Signature of RA, or other study personnel, responsible for collating data and completing the BL Form. All forms must be signed to be considered complete.

**Date Form Completed**: Record the date the BL Form was completed. All forms must be dated to be considered complete.

**Mail completed forms to**: American College of Radiology  
1818 Market St. Suite 1600  
Philadelphia, PA 19103  
Attn: ACRIN 6654 Data Management