NatCen Social Research

MRC Human Nutrition Research

SERIAL NUMBER (7 DIGITS) CKL PERSON NO.

NDNS NHS (A)

National Diet and Nutrition Survey

NHS Central Register and Cancer Register

(Adults 16+)

- The NHS Central Register lists all the people in the country and their National Health Service (NHS) number.
- We would like to ask for your consent for us to send your name, address and date of birth to the National Health Service Central Register. A marker will be put against your name to show that you took part in the National Diet and Nutrition Survey.
- If a person who took part in the National Diet and Nutrition Survey (NDNS) gets cancer, or dies, the type of cancer or cause of death will be linked with their answers to the survey. By linking this information the research is more useful as we can look at how people's lifestyle can have an impact on their future health.
- This information will be confidential and used for research purposes only.
- By signing this form you are only giving permission for the linking of this information to routine administrative data and nothing else. We will not be able to obtain any other details from your medical records.
- You can cancel this permission at any time in the future by writing to us at the following address:
  NatCen Social Research, 35 Northampton Square, London EC1V 0AX

Your consent

I, (name) _____ consent to the NDNS team passing my name, address and date of birth to the ***National Health Service Central Register***. I understand that information held by ***the NHS Central Register*** may be used to follow up my health status.

Signed _____ *Date* _____

I understand that these details will be used for research purposes only.

NatCen Social Research

MRC Human Nutrition Research

NDNS(N)

National Diet and Nutrition Survey (NDNS)

CONSENT BOOKLET: PERSONAL COPY

Serial Number: | | | | | | | | | |

First Name:

ADULT CONSENT FORM (16+ years)

MREC Reference Number: 13/EE/0016

Please use capital letters and write in ink

SERIAL NUMBER | **CHECK LETTER** | **RESPONDENT No.**

Please initial boxes if consent given

1. I confirm that I have read and understand the NDNS Nurse Visit information sheet(s) dated 14.05.2013 (version 2) for the above study. I have been given the opportunity to ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw from any part of the study, at any time, without giving a reason and without my medical care or legal rights being affected. ☐

MEASUREMENTS

3. I agree for my blood pressure results to be sent to my GP. ☐

4. I agree for my body mass index (BMI) measurement to be sent to my GP. ☐

BLOOD SAMPLE

5. I agree to have a blood sample taken as part of the study. ☐

6. I give permission that my blood sample taken as part of this study may be stored and, with ethical approval as appropriate, used in future research studies ☐

7. I would like to receive my blood results which are clinically relevant. ☐

8. I consent to my GP being notified of my blood results which are clinically relevant. ☐

9. **You will be required to consent to the statement below if you do not want to receive your blood results AND if you do not want them sent to your GP.**
I confirm that against the advice of the NDNS survey team, I do not want to receive my blood results which are clinically relevant or have them sent to my GP. I understand that if there are findings outside of the normal range, this will not be brought to the attention of any health care provider. ☐

Name of participant (please print) | Date | Signature

Name of nurse (please print) | Date | Signature

PARENTAL/GUARDIAN CONSENT FOR CHILD (4-15 YEARS)

MREC Reference Number: 13/EE/0016

Please use capital letters and write in ink

SERIAL NUMBER | **CHECK LETTER** | **RESPONDENT No.**

Please initial boxes

Name of Child _____

1. I am the parent/guardian of the child named above and I confirm that I have read and understand the NDNS Nurse Visit information sheet(s) dated 14.05.2013 (version 2) for the above study. I have been given the opportunity to ask questions and have had these answered satisfactorily. ☐

2. I understand that my child's participation is voluntary and that s/he is free to withdraw from any part of the study, at any time, without giving a reason and without my medical care or legal rights being affected. ☐

MEASUREMENTS

3. I agree for my child's blood pressure results to be sent to his/her GP. ☐

BLOOD SAMPLE

4. I agree to my child having a blood sample taken as part of the study. ☐

5. I give permission that my child's blood sample taken as part of this study may be stored and, with ethical approval as appropriate, used in future research studies ☐

6. I would like to receive my child's blood results which are clinically relevant. ☐

7. I consent to my child's GP being notified of his/her blood results which are clinically relevant. ☐

8. **IF you do not want to receive your child's blood results AND if you do not want them sent to their GP, for us to take a blood sample from your child, you will be required to consent to both of the statements below.**

   (i) I confirm that against the advice of the NDNS survey team, I do not want to receive my child's blood results which are clinically relevant or have them sent to his/her GP. ☐

   (ii) I agree to the survey doctor contacting me to discuss, if necessary, any results that are directly relevant to my child's health. ☐

Name of Parent/Guardian (please print)	Date	Signature

Name of nurse (please print)	Date	Signature

CHILD ASSENT FORM (5-15 years)

MREC Reference Number: 13/EE/0016

Please use capital letters and write in ink

SERIAL NUMBER | **CHECK LETTER** | **RESPONDENT No.**

		Please circle
1.	Has somebody explained what happens at the nurse visit?	Yes / No
2.	Do you understand what this study is about?	Yes / No
3.	Have you asked all the questions you want?	Yes / No
4.	Have you had your questions answered in a way you understand?	Yes / No
5.	Do you understand it's OK to stop taking part at any time?	Yes / No
6.	Are you happy to take part?	Yes / No

If any answers are 'No' or you don't want to take part, don't sign your name!

If you do want to take part, you can write your name below.

Your name _____

Date _____

The nurse who explained this study to you needs to sign too:

Nurse name _____

Signature _____

Date _____

Thank you for helping us!

PARENTAL/GUARDIAN CONSENT FOR CHILD (1.5-3 YEARS)

MREC Reference Number: 13/EE/0016

Please use capital letters and write in ink

SERIAL NUMBER | **CHECK LETTER** | **RESPONDENT No.**

Name of Child _____

Please initial boxes if consent given

1. I am the parent/guardian of the child named above and I confirm that I have read and understand the NDNS Nurse Visit information sheet(s) dated 14.05.2013 (version 2) for the above study. I have been given the opportunity to ask questions and have had these answered satisfactorily. ☐

2. I understand that my child's participation is voluntary and that s/he is free to withdraw from any part of the study, at any time, without giving a reason and without our medical care or legal rights being affected. ☐

BLOOD SAMPLE

3. I agree to my child having a blood sample taken as part of the study. ☐

4. I give permission that my child's blood sample taken as part of this study may be stored and, with ethical approval as appropriate, used in future research studies. ☐

5. I would like to receive my child's blood results which are clinically relevant. ☐

6. I consent to my child's GP being notified of his/her blood results which are clinically relevant. ☐

7. **IF you do not want to receive your child's blood results AND if you do not want them sent to their GP, for us to take a blood sample from your child, you will be required to consent to both of the statements below.**

   (i) I confirm that against the advice of the NDNS survey team, I do not want to receive my child's blood results which are clinically relevant or have them sent to his/her GP. ☐

   (ii) I agree to the survey doctor contacting me to discuss, if necessary, any results that are directly relevant to my child's health. ☐

Name of Parent/Guardian (please print)	Date	Signature

Name of nurse (please print)	Date	Signature

NatCen Social Research

MRC Human Nutrition Research

National Diet and Nutrition Survey – Consent Booklet: Office Copy

Please use capital letters and write in ink

ADDRESS

INDIVIDUAL SERIAL NUMBER:
Affix label **NCON** here for this person:

STICK
NCON (1)
LABEL HERE

1. Nurse number: | | | | | | |

2. Date schedule completed (all visits complete): DAY: | | MONTH: | | YEAR: | | | |

3. Full name (of person tested) _____

Name by which GP knows person (if different) _____

4. Sex Male 1
Female 2

5. Date of birth: DAY: | | MONTH: | | YEAR: | | | |

6. Full name of parent/guardian *(if person under 16)* _____

7.

GP NAME AND ADDRESS

Dr: ……

Practice Name: ……

Address: ……..

……

Town: ……

County: ……..

Postcode: ……..

Telephone no: ……

NURSE USE ONLY

GP Address complete	1
GP Address not complete	2
No GP	3

8.

SUMMARY OF CONSENTS—RING CODE FOR EACH ITEM		**YES**	**NO**
a)	Read and understood nurse visit information sheet	01	02
b)	Understand right to withdraw	03	04
c)	Blood pressure to **GP**	05	06
d)	Body Mass Index (BMI) to **GP**	07	08
e)	Sample of blood to be taken	09	10
f)	Blood sample for storage	11	12
g)	Blood sample result to **participant**	13	14
h)	Blood sample result to **GP**	15	16
i)	**Does not** wish to receive results or have them sent to GP	17	18
j)	Agrees survey doctor can contact to discuss results if necessary – Children aged 1.5-15 years	19	20

BLOOD SAMPLE LABORATORY REFERENCE LIST

The tables below show which blood samples should be taken (in priority order) and need to be sent to each lab for each age group:

PARTICIPANTS AGED 16+

Priority	Blood Tube	Colour	Label Reference	Laboratory
1	EDTA 2.6 mL	Red	EN1 (3)	Addenbrookes
2	Serum 9.0 mL	White	SEN 1 (4)	Field Lab
3	Li Hep TM 7.5 mL	Orange	LHN1 (5)	Field Lab
4	Li Hep TM 7.5 mL	Orange	LHN2 (6)	Field Lab
5	Fluoride 1.2 mL	Yellow	FN1 (7)	Field Lab
6	Li Hep 4.5 mL	Orange	LHN3 (8)	Field Lab
7	EDTA 2.6 mL	Red	EN2 (9)	Field Lab

PARTICIPANTS AGED 7-15

Priority	Blood Tube	Colour	Label Reference	Laboratory
1	EDTA 2.6 mL	Red	EN1 (3)	Addenbrookes
2	Serum 7.5 mL	White	SEN1 (4)	Field Lab
3	Li Hep TM 7.5 mL	Orange	LHN1 (5)	Field Lab
4	Li Hep 2.7 mL	Orange	LHN2 (6)	Field Lab
5	Fluoride 1.2 mL	Yellow	FN1 (7)	Field Lab

PARTICIPANTS AGED 18 mths – 6 yrs

Priority	Blood Tube	Colour	Label Reference	Laboratory
1	EDTA 2.6 mL	Red	EN1 (3)	Addenbrookes
2	Serum 4.5 mL	White	SEN1 (4)	Field Lab
3	Li Hep 4.5 mL	Orange	LHN1 (5)	Field Lab

ADULT CONSENT FORM (16+ years)

MREC Reference Number: 13/EE/0016

Please use capital letters and write in ink

SERIAL NUMBER ☐☐☐☐☐☐☐ **CHECK LETTER** ☐ **RESPONDENT No.** ☐

Please initial boxes

1. I confirm that I have read and understand the NDNS Nurse Visit information sheet(s) dated 14.05.2013 (version 2) for the above study. I have been given the opportunity to ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw from any part of the study, at any time, without giving a reason and without my medical care or legal rights being affected. ☐

MEASUREMENTS

3. I agree for my blood pressure results to be sent to my GP. ☐

4. I agree for my body mass index (BMI) measurement to be sent to my GP. ☐

BLOOD SAMPLE

5. I agree to have a blood sample taken as part of the study. ☐

6. I give permission that my blood sample taken as part of this study may be stored and, with ethical approval as appropriate, used in future research studies ☐

7. I would like to receive my blood results which are clinically relevant. ☐

8. I consent to my GP being notified of my blood results which are clinically relevant. ☐

9. **You will be required to consent to the statement below if you do not want to receive your blood results AND if you do not want them sent to your GP.**
I confirm that against the advice of the NDNS survey team, I do not want to receive my blood results which are clinically relevant or have them sent to my GP. I understand that if there are findings outside of the normal range, this will not be brought to the attention of any health care provider. ☐

Name of participant (please print)	Date	Signature

Name of nurse (please print)	Date	Signature

PARENTAL/GUARDIAN CONSENT FOR CHILD (4-15 YEARS)

MREC Reference Number: 13/EE/0016

Please use capital letters and write in ink

SERIAL NUMBER | **CHECK LETTER** | **RESPONDENT No.**

Please initial boxes

Name of Child _____

1. I am the parent/guardian of the child named above and I confirm that I have read and understand the NDNS Nurse Visit information sheet(s) dated 14.05.2013 (version 2) for the above study. I have been given the opportunity to ask questions and have had these answered satisfactorily. ☐

2. I understand that my child's participation is voluntary and that s/he is free to withdraw from any part of the study, at any time, without giving a reason and without my medical care or legal rights being affected. ☐

MEASUREMENTS

3. I agree for my child's blood pressure results to be sent to his/her GP. ☐

BLOOD SAMPLE

4. I agree to my child having a blood sample taken as part of the study. ☐

5. I give permission that my child's blood sample taken as part of this study may be stored and, with ethical approval as appropriate, used in future research studies ☐

6. I would like to receive my child's blood results which are clinically relevant. ☐

7. I consent to my child's GP being notified of his/her blood results which are clinically relevant. ☐

8. **IF you do not want to receive your child's blood results AND if you do not want them sent to their GP, for us to take a blood sample from your child, you will be required to consent to both of the statements below.**

   (i) I confirm that against the advice of the NDNS survey team, I do not want to receive my child's blood results which are clinically relevant or have them sent to his/her GP. ☐

   (ii) I agree to the survey doctor contacting me to discuss, if necessary, any results that are directly relevant to my child's health. ☐

Name of Parent/Guardian (please print)	Date	Signature

Name of nurse (please print)	Date	Signature

CHILD ASSENT FORM (5-15 years)

MREC Reference Number: 13/EE/0016

Please use capital letters and write in ink

SERIAL NUMBER | **CHECK LETTER** | **RESPONDENT No.**

		Please circle
1.	Has somebody explained what happens at the nurse visit?	Yes / No
2.	Do you understand what this study is about?	Yes / No
3.	Have you asked all the questions you want?	Yes / No
4.	Have you had your questions answered in a way you understand?	Yes / No
5.	Do you understand it's OK to stop taking part at any time?	Yes / No
6.	Are you happy to take part?	Yes / No

If any answers are 'No' or you don't want to take part, don't sign your name!

If you do want to take part, you can write your name below.

Your name _____

Date _____

The nurse who explained this study to you needs to sign too:

Nurse name _____

Signature _____

Date _____

Thank you for helping us!

PARENTAL/GUARDIAN CONSENT FOR CHILD (1.5-3 YEARS)

MREC Reference Number: 13/EE/0016

Please use capital letters and write in ink

SERIAL NUMBER | **CHECK LETTER** | **RESPONDENT No.**

Name of Child _____

Please initial boxes

1. I am the parent/guardian of the child named above and I confirm that I have read and understand the NDNS Nurse Visit information sheet(s) dated 14.05.2013 (version 2) for the above study. I have been given the opportunity to ask questions and have had these answered satisfactorily. ☐

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BLOOD SAMPLE

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7. **IF you do not want to receive your child's blood results AND if you do not want them sent to their GP, for us to take a blood sample from your child, you will be required to consent to both of the statements below.**

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   (ii) I agree to the survey doctor contacting me to discuss, if necessary, any results that are directly relevant to my child's health. ☐

Name of Parent/Guardian (please print)	Date	Signature
Name of nurse (please print)	Date	Signature

RESEARCH ANALYSIS REQUEST (v1) 952

Nurses - fill in sections in bold only

Volunteer Details

Surname: HNR (use top 9 digit number of label)

First name: P952

Meditech COHD: EN1 (use 7 digit no. at bottom of EN1 label)

DOB / / dd/mm/yyyy

Male **1**

Female **2**

circle as appropriate

Affix serial number label

Adx1(10) or Adx2 (11) or Adx3 (12)

Study Details

Consultant SRHNR

Location NDNS

Title NDNS

Contact HNR Switchboard 01223 426356
Sonja Nicholson
Priti Mistry

Contact OOH Dr Sumantra Ray 01223 437700

Sample Details

Date / / dd/mm/yyyy

Time : 24hr clock

Volunteer Fasted **Yes** **1** **No** **2** circle as appropriate

Sample Tube		Tests	Lab order	Lab barcode	Lab processing
EDTA EN1 red	circle as appropriate **Full tube**	HbA1c Red Cell Folate	CP952	BIOCHEM BARCODE EDTA sample must be labelled with both biochem&haem barcodes	Pass to Endo Staff for division of EDTA - instructions below
	Partial tube	FBC	HA952	HAEM BARCODE	

EDTA separation

Depending on sample volume split the whole blood in the following priority

FBC

Minimum volume required is 1ml – there will be three options:
- Volume less than 1ml (e.g. partial sample) proceed to folate aliquoting and add Meditech comment HAZINS against the haem barcode
- Volume very close to 1ml send primary tube to Haem with the pink duplicate request form, add Meditech comment CCOM and free text against the biochem barcode
- Volume more than ~1.7ml proceed to aliquoting whole blood for folate then primary tube to Haem with the pink duplicate request form

Folate

Take 2x 2ml tubes of ascorbic acid from the bottom half of the -80°C Protect freezer and defrost. Each contains 1ml ascorbic acid – check it has not expired.
Print patient biochem barcodes (screen 66)
Label 2x defrosted 2ml ascorbic acid tubes with HNR barcode labels (FOL1 & FOL2) supplied in the delivery pack, then label with patient biochem barcodes. DO NOT COVER HNR BARCODE WITH BIOCHEM BARCODE
Invert the primary EDTA tube a few times to re-suspend the contents
Transfer exactly 100µl from primary EDTA tube into each tube containing 1ml ascorbic acid and invert to mix
Store in the -80°C Protect freezer
If there is sufficient volume proceed to aliquoting whole blood for A1c
If there is insufficient volume left for A1c add a Meditech comment CCOM and free text against the biochem barcode

HbA1c

Label 1x 2ml secondary tube with patient biochem barcode and write A1c
Invert the primary EDTA tube a few times to re-suspend the contents
Transfer 0.5ml from primary EDTA tube into secondary tube
Place secondary tube in A1c skip in office

NatCen Social Research

National Diet and Nutrition Survey (NDNS)

Nurse Visit

MRC Human Nutrition Research

ADULT FIELD LAB DESPATCH NOTE – 16+ YEARS

Nurse Section

Participant details

Affix label FL1 (13) here

Affix label FL2 (14) on reverse

Sex: **Male / Female**

Fasted sample: **Yes / No**

Sample collection date: DD / MM / YY

Sample collection time: HH : MM 24 hr clock

Checklist

Samples
Labels
Microtubes
Despatch note

Have you delivered all the items on the checklist to the field lab? **Yes / No**

Time samples delivered to field lab: HH : MM 24 hr clock

Field Lab Section

Please complete ALL remaining sections of the form

Date sample arrived: DD / MM / YY

Time sample arrived: HH : MM 24 hr clock

	Blood Monovette Tubes					
	SEN1	LHN1	LHN2	LHN3	FN1	EN2
Sample received?						
Full or Partial tube?						
Tube damaged?						
Take 1300µl whole blood from well mixed LHN3 tube. Use 2ml microtube and label with LHWB (15)						
Volume aliquotted				µl		
Time in freezer				HH:MM		
Centrifuge tubes for 20mins at 4°C and 2000g						
Time tubes placed in the centrifuge	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM

Did you use a refrigerated centrifuge? **Yes / No**
If NO, explain what you did to keep samples cool in comments

Comments:

Affix label FL2 (14) here

	Blood Monovette Tubes					
	SEN1	LHN1	LHN2	LHN3	FN1	EN2
Is sample normal?						
If NO, describe e.g. haemolysed, cloudy, clotted, not clotted (SEN1 only)						
Aliquot ALL plasma/serum unless otherwise stated; do not contaminate with cells						
Microtube size	5ml	5ml	5ml	5ml	2ml	2ml
Label	SERUM	LIHEP1	LIHEP2	LIHEP3	FLOX	EDTA
Time aliquotted	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM
Volume (µl)						
Take EXACTLY 300µl plasma from LIHEP1. Use 2ml microtube with green lid containing MPA. Attach label LHMPA (18).						
Time **ALL** microtubes placed in freezer	HH : MM					
Wash red blood cells in monovettes LHN1, LHN2 and LHN3 using saline. After each wash, centrifuge for 10mins and then discard the supernatant. Repeat 3 times. Place washed red blood cells in their original monovettes in the freezer.						
Time in freezer		HH:MM	HH:MM	HH:MM		

Freezer temperature:____°C

Print name:_____ Signature:_____

Field lab name:_____

Please fax both sides of this despatch form after sample processing to HNR
FAX: 01223 437546
HNR will arrange for the collection of samples, along with these forms and any unused labels via courier at a pre-arranged date.

NatCen Social Research

National Diet and Nutrition Survey (NDNS)

Nurse Visit

MRC Human Nutrition Research

FIELD LAB DESPATCH NOTE – 7-15 YEARS

Nurse Section

Participant details

Affix label FL1 (13) here

Affix label FL2 (14) on reverse

Sex: **Male / Female**

Fasted sample: **Yes / No**

Sample collection date: DD / MM / YY

Sample collection time: HH : MM 24 hr clock

Checklist

Samples
Labels
Microtubes
Despatch note

Have you delivered all the items on the checklist to the field lab? **Yes / No**

Time samples delivered to field lab: HH : MM 24 hr clock

Field Lab Section

Please complete ALL remaining sections of the form

Date sample arrived: DD / MM / YY

Time sample arrived: HH : MM 24 hr clock

	Blood Monovette Tubes			
	SEN1	LHN1	LHN2	FN1
Sample received?				
Full or Partial tube?				
Tube damaged?				
Centrifuge tubes for 20mins at 4°C and 2000g				
Time tubes placed in the centrifuge	HH:MM	HH:MM	HH:MM	HH:MM

Did you use a refrigerated centrifuge? **Yes / No**
If NO, explain what you did to keep samples cool in comments

Comments:

Affix label FL2 (14) here

	Blood Monovette Tubes			
	SEN1	LHN1	LHN2	FN1
Is sample normal?				
If NO, describe e.g. haemolysed, cloudy, clotted, not clotted (SEN1 only)				
Aliquot ALL plasma/serum unless otherwise stated; do not contaminate with cells				
Microtube size	5ml	5ml	5ml	2ml
Label	SERUM	LIHEP1	LIHEP2	FLOX
Time aliquotted	HH:MM	HH:MM	HH:MM	HH:MM
Volume (µl)				
Take EXACTLY 300µl plasma from LIHEP1. Use 2ml microtube with green lid containing MPA. Attach label LHMPA (18).				
Time **ALL** microtubes placed in freezer	HH : MM			
Wash red blood cells in monovettes LHN1 and LHN2 using saline. After each wash, centrifuge for 10mins and then discard the supernatant. Repeat 3 times. Place washed red blood cells in their original monovettes in the freezer.				
Time in freezer		HH:MM	HH:MM	

Freezer temperature:____°C

Print name:_____ Signature:_____

Field lab name:_____

Please fax both sides of this despatch form after sample processing to HNR
FAX: 01223 437546
HNR will arrange for the collection of samples, along with these forms and any unused labels via courier at a pre-arranged date.

NatCen Social Research

National Diet and Nutrition Survey (NDNS)

Nurse Visit

MRC Human Nutrition Research

FIELD LAB DESPATCH NOTE – 1.5-6 YEARS

Nurse Section

Participant details

Affix label FL1 (13) here

Affix label FL2 (14) on reverse

Sex: **Male / Female**

Fasted sample: **Yes / No**

Sample collection date: DD / MM / YY

Sample collection time: HH : MM 24 hr clock

Checklist

Samples
Labels
Microtubes
Despatch note

Have you delivered all the items on the checklist to the field lab? **Yes / No**

Time samples delivered to field lab: HH : MM 24 hr clock

Field Lab Section

Please complete ALL remaining sections of the form

Date sample arrived: DD / MM / YY

Time sample arrived: HH : MM 24 hr clock

	Blood Monovette Tubes	
	SEN1	LHN1
Sample received?		
Full or Partial tube?		
Tube damaged?		
Centrifuge tubes for 20mins at 4°C and 2000g		
Time tubes placed in the centrifuge	HH:MM	HH:MM

Did you use a refrigerated centrifuge? **Yes / No**
If NO, explain what you did to keep samples cool in comments

Comments:

Affix label FL2 (14) here

	Blood Monovette Tubes	
	SEN1	LHN1
Is sample normal?		
If NO, describe e.g. haemolysed, cloudy, clotted, not clotted (SEN1 only)		
Aliquot ALL plasma/serum unless otherwise stated; do not contaminate with cells		
Microtube size	5ml	5ml
Label	SERUM	LIHEP1
Time aliquotted	HH:MM	HH:MM
Volume (µl)		
Take EXACTLY 300µl plasma from LIHEP1. Use 2ml microtube with green lid containing MPA. Attach label LHMPA (18).		
Time **ALL** microtubes placed in freezer	HH : MM	
Wash red blood cells in monovette LHN1 using saline. After each wash, centrifuge for 10mins and then discard the supernatant. Repeat 3 times. Place washed red blood cells in their original monovette in the freezer.		
Time in freezer		HH:MM

Freezer temperature:____°C

Print name:_____ Signature:_____

Field lab name:_____

Please fax both sides of this despatch form after sample processing to HNR
FAX: 01223 437546
HNR will arrange for the collection of samples, along with these forms and any unused labels via courier at a pre-arranged date.

1. Respondent details

Please affix OFFDESP (2) label here

2. Age group:

16+

EDTA ☐ Serum ☐ Li Hep TM ☐ Li Hep TM ☐

Fluoride ☐ Li Hep ☐ EDTA ☐

7-15

EDTA ☐ Serum ☐ Li Hep TM ☐ Li Hep ☐

Fluoride ☐

18mths – 6 yrs

EDTA ☐ Serum ☐ Li Hep ☐

3. Date blood sample taken: DAY: ☐☐ MONTH: ☐☐ YEAR: ☐☐☐☐

4. Time blood sample taken: TIME ☐☐ : ☐☐

5. Date blood despatched to Addenbrookes: DAY: ☐☐ MONTH: ☐☐ YEAR: ☐☐☐☐

6. Did you experience any problems in taking the Venepuncture? If yes, please record these below and state what action you took. (PROMPTED FROM CAPI)