

Venipuncture Information Sheet

Participant ID _____

Date and Time	Phlebotomist Name	Experimental Condition / Time of draw (if multiple within study)	Number of Attempts (maximum of 2)	Written consent (participant initials) for second attempt (if needed)	Comments / Complications / Serious Adverse Event (SAE)?	Date that SAE Reported to REB

Current Status: Approved by BREB June 5-17
 Date introduced: May 2017
 Last reviewed: June 2017