Participant ID:	CoVPN 5001	Visit Code:
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## Form: Specimen Collection - Blood

Do NOT use this form for any local lab specimens. Use this form ONLY to oblood specimens that will be sent to the site processing lab.	document the collection of
Was specimen collected?	Yes
	No
If "No", end of form.	
Specimen collection date	
Specimen collection time	
ACD or NaHep (sodium heparin)	Collected
	Not collected
SST - room temperature	Collected
	Not collected
SST - on wet ice for serum cytokines (innate immunity)	Collected
	Not collected
SST - Clinical SARS-CoV-2 IgG Antibody Results	Collected
	Not collected
Tempus	Collected
	Not collected
Mark if a new Specimen Collection form is needed to complete specimen collection requirements for this visit.	

 $This \ module \ contains \ Form \ "Specimen \ Collection - Blood" \ (page \ 30) \ from \ the \ full \ document \ "Prospective \ Study \ of \ Acute \ Immune \ Responses \ to \ SARS \ COV-2 \ Infection"$