

## 6. DABS-I STUDY

### Biomarkers Questionnaire

*(Display UID, Name, Age, Gender)*

1. Do you agree to give blood sample?
2. Do you have any illness today Yes/No,
3. At what time did you consume your last meal/ food (except for water)- **Duration of Fasting to be displayed on App:**
4. Are you currently taking any mineral / vitamin supplements/ health bevarages (Yes/No)
5. If yes, type of supplement
6. Since how long? (weeks/months/years)
7. Are you under any of the following medications currently:
  - a. Antacids
  - b. Antibiotics
  - c. Steroids
  - d. NSAIDs
  - e. Oral Contraceptive Pills
  - f. Anti-helminthic drugs (in last 6 months)
  - g. Thyroid drugs
  - h. Anti-hypertensive
  - i. Anti-diabetics
  - j. Anti-TB treatment (DOTS)
  - k. Multivitamins
  - l. Vitamin D
  - m. Calcium supplements
8. date and time of blood sample collection (in pre decided format)

Lab technician activities- CHECK LIST

*(Display UID, Name, Gender, Age)*

9. Did you analyse the CBP?
10. Record HbA1C value - \_\_\_\_\_
11. Enter the date and time of sample centrifugation.
12. Did you centrifuge the samples within four hours (Yes/No) with **TIME STAMP**
13. Is the sample hemolysed? (Yes/No)
14. Did you aliquot the samples as planned? Yes/NO
15. Did you label the tubes with barcodes as planned; Yes/NO
16. Did you keep the plasma/serum in mini-coolers immediately (Yes/ No)
17. Whether the cold chain is maintained or not (Yes/NO)