

Center for Autism and Developmental Disabilities Research and Epidemiology Form Approved OMB NO. 0920-0741 Exp. Date 6/30/2010

Study to Explore Early Development (SEED) Cheek Swab Sample Record Sheet

Public Reporting Burden Statement

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[affix individual (mother, father, child) label here]

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Please complete this form while collecting your cheek swab samples. Use one form per person. See the instructions on the sheet titled "How to Collect Cheek Swab Samples" for more information.

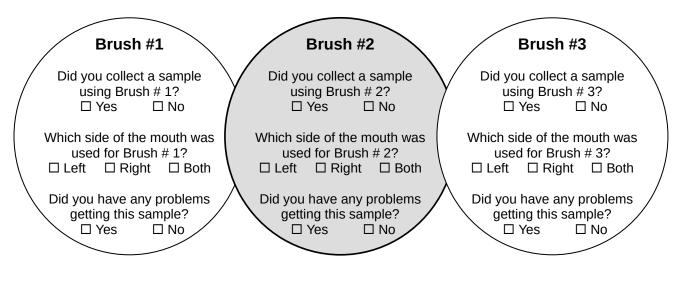
Section A

Please answer these questions about the person giving these samples. Give both the date and time.

When did they last eat food?	/ / 20 / 20 Y	:: AM PM (circle one)
When did they last brush their teeth?	/ / / 20 / 27 /	: AM PM (circle one)
When were the samples collected?	/ / / 20 Y	: AM PM (circle one)

Section B

Please answer all 3 questions about each of the 3 brushes used to collect the samples.



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Section C

Tell us if you had any problems when collecting the samples. The first one is given as an example.

Brush #	Description of problems and other comments					
2	Example:	My child did not let me put the brush in his mouth at first, then he bit the brush.				

Section D

See the directions on the sheet titled "How to Collect Cheek Swab Samples" to properly package and mail the samples to us. Please answer this final question.

When are you mailing the samples to us? ____

Thank You!

Section E										
To be completed by SEED Lab. Do not write in this box.										
		/	/ 20	::	AM PM (circle one)					
Brush #	Received	Packaging	Consent Rec'd	Notes		Sample Quality				
1	□ Yes	□ Satisfactory	🗆 Yes			\Box Good \Box Bad				
2	□ Yes	□ Satisfactory	🗆 Yes			\Box Good \Box Bad				
3	□ Yes	□ Satisfactory	🗆 Yes			\Box Good \Box Bad				
Signature	of Technician		Date							