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| **ncs logo.jpg** |  |

**Saliva Collection Form: MOTHER**

**Please collect your saliva samples on the day immediately following our visit to your home.**

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| --- | --- | --- | --- |
| Date: | \_\_\_\_ / | \_\_\_\_ / | 20\_\_\_\_ |
|  | mm | dd | yy |

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| Container | When to collect sample | Actual collection time | Collection Method | Comments | Affix Duplicate Barcode Label |
| **Morning:**  **Green Tube** | Immediately after waking up  (Planned time: \_\_\_\_:\_\_\_\_ ) | \_\_\_\_:\_\_\_\_ | Swab  Straw |  |  |
| **Before Breakfast:**  **Yellow Tube** | 30 minutes after waking up    (Planned time: \_\_\_\_:\_\_\_\_ ) | \_\_\_\_:\_\_\_\_ | Swab  Straw |  |  |
| **Before Lunch: Red Tube** | Just before lunch  (Planned time: \_\_\_\_:\_\_\_\_ ) | \_\_\_\_:\_\_\_\_ | Swab  Straw |  |  |
| **Before Dinner:**  **Blue Tube** | Just before dinner  (Planned time: \_\_\_\_:\_\_\_\_ ) | \_\_\_\_:\_\_\_\_ | Swab  Straw |  |  |

