

Saliva Specimen Log

Subject ID: _____

Date Frozen: _____

Gestational Age: _____

Time Frozen: _____

Visit #	Date	Tube Collected	Collection Time from SP	Collection Time from MEMS	Volume Greater than 500ul Yes/No	Aliquot Bar Code/ Sequence Number	Box/Bag #	Comments
Day 1		+0						
Day 1		+30						
Day 1		Bedtime						
Day 2		+0						
Day 2		+30						
Day 2		Bedtime						

Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.