

**Attachment 3d b - English**

**PATH Study Data Collection Instruments:  
Biospecimen Collection Forms – Buccal Cell**

**June 18, 2013**

## RS8c – Cheek Cell Data Collection Form

Respondent ID (Text Readable Barcode)

DCN

OMB Control Number: 0925-0664

Expiration Date: 11/30/2015

Date Printed



### PATH Study Cheek Cell Data Collection Form

#### *Interviewer-Administered*

Part A: Administrative	Part C: Cheek Cell Collection Status
<p><b>1. Staff ID:</b> <i>Preprinted</i></p> <p><b>2. Today's Date:</b>   _ _ / _ _ / _ _ _ _   M M D D Y Y Y Y</p> <p><b>3. Buccal Cheek Cell Collection:</b>  <input type="checkbox"/> Agreed  <input type="checkbox"/> Not Agreed (Go to Part C)</p> <p><b>4. Cheek Cell Kit ID:</b>   <i>(Place Label Here)</i></p>	<p><b>1. Collection Status (Mark one):</b>  <input type="checkbox"/> Collected (End)  <input type="checkbox"/> Not Collected  <input type="checkbox"/> Attempted, Not Collected</p> <p><b>2. Reason not collected (Mark one main reason):</b>  <input type="checkbox"/> Respondent refused, specify: _____  <input type="checkbox"/> Respondent refused, unwilling to give reason  <input type="checkbox"/> Respondent ill/emergency  <input type="checkbox"/> No time/busy  <input type="checkbox"/> Uncomfortable with self-collection procedures  <input type="checkbox"/> Defective/missing collection supplies  <input type="checkbox"/> Mouth Condition, specify: _____  <input type="checkbox"/> Physical limitation, specify: _____  <input type="checkbox"/> Other, specify: _____</p>
Part B: Cheek Cell Collection Questions	
<p><b>1. When was the last time you had anything to eat or drink other than water?</b>  <b>Date:</b>  _ _ / _ _ / _ _ _ _   M M D D Y Y Y Y</p> <p><b>Time:</b>  _ _  :  _ _  <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.  H H M M</p> <p><input type="checkbox"/> Refused <input type="checkbox"/> Don't Know</p>	<p><b>2. When was the last time you brushed your teeth?</b>  <b>Date:</b>  _ _ / _ _ / _ _ _ _   M M D D Y Y Y Y</p> <p><b>Time:</b>  _ _  :  _ _  <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.  H H M M</p> <p><input type="checkbox"/> Refused <input type="checkbox"/> Don't Know</p>
<p><b>3. Have you had cancer chemotherapy within the past 2 weeks?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't Know</p>	

Part D: Cheek Cell Collection Results	
<b>1. Collection Time:</b>   __ __  :  __ __  <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. H  H       M  M	<b>2. Number of Collectors Used:</b> _____
<b>3. TrekView temperature monitor activated and included with specimen in biohazard transport bag?</b> <input type="checkbox"/> Yes	<b>4. Time specimen and TrekView temperature monitor placed in shipping container:</b>   __ __  :  __ __  <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. H  H       M  M
Part E: Comments	

➤ **GO TO TOP OF FORM AND COMPLETE PART C CHEEK CELL COLLECTION STATUS**

Public reporting burden for this collection of information is estimated to average 18 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 (0925-0664). Do not return the completed form to this address.