**Appendix B6: Biological Testing Tracking Form**

Form Approved

OMB No. 0923-00xx

Exp. Date xx/xx/20xx

**PFAS EA Biological Testing Tracking Form**

ATSDR estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for moving from station to station at the data collection site and providing a blood and urine sample to the PFAS EA team. An agency may not conduct or sponsor, and a person is not required to respond to 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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0923-00xx).

**PFAS EA Biological Testing Tracking Form:**

Participant ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sample Collection Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adult and Child Participants**

* **Please indicate when you have completed the activity at each station**
* **Make sure to bring your sheet of labels with you to each station**
* **Return this form to the check-in area before you leave**
* **Thank you for participating!**

|  |  |  |  |
| --- | --- | --- | --- |
| **Station** | **Completion** | | **Comments** |
| Temperature below 100.4˚F/no self-reported symptoms | Yes | No |  |
| Sign In | Yes | No |  |
| Consent/Parental Permission/Assent Form | Yes | No |  |
| Appointment Made for Questionnaire | Yes | No |  |
| Blood Draw | Yes | No |  |
| Urine Sample Collection | Yes | No |  |