Form Approved OMB No. 0920-XXXX Exp. Date: XX/XX/XXXX

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

ID# [affix barcode label here]

## **Study to Explore Early Development**

Saliva Sample Transmittal Form

Please complete this form while collecting your saliva sample. Use one form per

person. See the instructions information.	on the sheet titled "How to	Collect Saliva Sample" for more						
Saliva Collection (select one):	liva Collection (select one): 🛘 OG-500 self-collection kit 🗘 OG-575 assisted collection kit							
Section A								
Please answer these questic date and time.	ons about the person giving	these samples. Give both the						
When did they last eat food?	///20/Y	: AM PM (circle one)						
When did they last brush their teeth?	/// 20/ Y	: AM PM (circle one)						
When was the sample collected?	///20/YY	: : AM PM (circle one)						
Section B								
Tell us if you had any problems when collecting the sample.								
Description of problems and other comments								

Version 9-2015

Public reporting burden of this collection of information is estimated to average 5 minutes, 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 5may 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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0010).

## Thank You!

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