

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

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|-------------|----------------------------|
| ID # | [affix barcode label here] |
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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 on the sheet titled "How to Collect Saliva Sample" for more information.

Saliva Collection (select one): **OG-500 self-collection kit** **OG-575 assisted collection kit**

Section A

Please answer these questions about the person giving these samples. Give both the date and time.

| | | | |
|---------------------------------------|--|-------------|--------------------------|
| When did they last eat food? | ____ / ____ / 20 ____ <small>MM DD YY</small> | ____ : ____ | AM PM (circle one) |
| When did they last brush their teeth? | ____ / ____ / 20 ____ <small>MM DD YY</small> | ____ : ____ | AM PM (circle one) |
| When was the sample collected? | ____ / ____ / 20 ____ <small>MM DD YY</small> | ____ : ____ | AM PM (circle one) |

Section B

Tell us if you had any problems when collecting the sample.

| Description of problems and other comments |
|--|
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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 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 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 ____ : ____ AM PM
MM DD YY (circle one)

| Brush # | Received | Packaging | Consent Rec'd | Notes | Sample Quality |
|---------|------------------------------|---------------------------------------|------------------------------|-------|--|
| 1 | <input type="checkbox"/> Yes | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Yes | | <input type="checkbox"/> Good <input type="checkbox"/> Bad |
| 2 | <input type="checkbox"/> Yes | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Yes | | <input type="checkbox"/> Good <input type="checkbox"/> Bad |
| 3 | <input type="checkbox"/> Yes | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Yes | | <input type="checkbox"/> Good <input type="checkbox"/> Bad |

Signature of Technician

Date