## Appendix E2: ATSDR B*iological Testing Tracking Form*

Form Approved

OMB No. 0923-0048

Exp. Date 6/30/2022

ATSDR estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering, and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-0048).

**Blood Lead 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 (as applicable) | Yes | No |  |
| Sign In | Yes | No |  |
| Consent/Parental Permission/ Assent Form | Yes | No |  |
| Questionnaire | Yes | No |  |
| Blood Draw | Yes | No |  |
| Gift Card Received | Yes | No |  |