### Father Sample Collection Form – Section 1: Oragene Saliva Sample Collection

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| 1. Cluster ID and Mother ID | ### and ## | |\_\_|\_\_|\_\_| **and** |\_\_|\_\_| |
| 2. ID of MT/FRA/FRO | ## | |\_\_|\_\_| |
| 3. Name of MT/FRA/FRO (choose 1): | List of EE Team Member Names & IDs |  |
| 4. Date of Sample Collection | DD/MM/YYYY | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| |
| 5. Father Full Name |  |  |
| 6. Consent  Note: If Q6 is 1, skip to Q8. If Q6 is 2, move on to Q7. | 1. Yes  2. No | |\_\_| |
| 7. Why Was Consent Not Given?  Note: skip to the end of the form after Q7 is answered. | 1. Migration  2. Father is not home  3. Father refused  4. Too busy  5. No reason given  6. Other, please specify | |\_\_|\_\_| |
| 8. Fasting Start Time  Note: No eating, drinking, smoking, chewing gum/betel leaves | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 9. Time of Mouth Rinse | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 10. Did Father Eat/Drink/Smoke/Chew Gum or Betel Leaves During 0.5-Hour Fasting Period? | 1. Yes  2. No | |\_\_| |
| 11. Collection End Time of Oragene Saliva Sample Collection | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 12. Oragene Saliva Sample Obtained?  Note: If Q12 is 1, skip to Q14. If Q12 is 2, answer Q13. If Q12 is 3, then answer Q13 and skip to end of Section 1. | 1. All  2. Partial  3. None | |\_\_| |
| 13. Why Was Oragene Saliva Sample Not Fully Collected? | 1. Volume Insufficient  2. Father Refused  3. Other: Specify | |\_\_| |

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| Samples: | | | |
| 14. Sample ID | 15. Random ID | 16. Sample type | 17. Aliquots |
| Cluster (###) + Mother ID (##) + Endline (E) + Father (F) + Sample Type + Aliquot (#) | Note:  Random ID that is linked to the specific sample ID is retrieved from barcode ID database and appears automatically. | Note:  Field staff selects sample type from dropdown menu. | Note:  If sample has been fully collected, next question is skipped. |
| |\_\_|\_\_|\_\_|\_\_|\_\_|EFW01  Oragene Saliva Sample | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | W | No Aliquot  Partial Aliquot  Full Aliquot |