

Woohoo, your home-collection kit has arrived!

Your scheduled collection period begins **at 12pm on _____**

Please keep ALL PAGES of this document on-hand until you have completed the study.

It provides important information about how to safely and appropriately collect your samples, complete the final questionnaire and receive compensation.

Your home-collection kit includes

- This Collection Instruction Form
- 1 fine-point Sharpie for labeling samples
- 4 labeled Ziploc bags for sample storage
- 2 saliva collection aids
- 2 saliva collection vials
- 2 Hemaspot devices for blood collection
- 2 lancets for blood collection
- 2 alcohol wipes for blood collection
- 2 sterile gauze pads for blood collection
- 2 Band-Aids for blood collection
- 1 biohazard sharps disposal container for used lancets
- 1 large bubble mailer envelope that everything came in – *keep this!*

How to use QR codes

We've included QR codes (barcodes that your smartphone can read) throughout this collection instruction form so that you can quickly and easily access informational videos.

Using an Apple device

1. Open your camera
2. Hold your device so that the QR code appears in the viewfinder
3. Your device should recognize the QR code
4. Tap the notification to open the link associated with the QR code

Using an Android device

1. Open Google Play
2. Search for "QR & Barcode Reader"
3. Download app (it's 100% free)
4. Open app on phone and scan QR code
5. Tap on the link associated with the QR code



QR & Barcode Reader

TeaCapps Productivity

Everyone

Contains Ads · Offers in-app purchases

This app is compatible with all of your devices.

Add to Wishlist


24-HOUR COLLECTION PERIOD CHECKLIST

Below is a checklist of the steps needed to successfully complete your collection and receive compensation.

Day 1: _____

- ☐ **12pm** marks the beginning of your 24-hour infant feeding recall. For the next 24 hours, note which method(s) you use to feed your baby on the [Infant Feeding Collection chart](#) provided on pages 3-4.
- ☐ Before going to bed, collect your first saliva and blood samples. See [How to Collect Saliva](#) on page 5 and [How to Collect Dried Blood Spots](#) on page 6 for detailed instructions.

Day 2: _____

- ☐ When you wake up (and before your first meal), collect your last saliva and blood samples using the same methods as before.
 - ☐ **12pm** marks the end of your infant feeding recall. Fill in the bottom of the [Infant Feeding Chart](#) on page 4.
 - ☐ **Complete the final questionnaire** by scanning the QR code below or visiting <https://tinyurl.com/bf2020-finalQ>.
- 

We won't be able to schedule your curbside pickup until this step is completed.
- ☐ Ready your materials for pickup. For instructions, see [Prepare for Curbside Pickup](#) on page 7.

INFANT FEEDING COLLECTION

IMPORTANT NOTES: If you use multiple methods during a single feeding check ALL boxes that apply. At the end of your 24-hour collection period, note (1) how many times you used each method and (2) the total number of times you fed your infant in the spaces highlighted in orange at the bottom of the chart on page 4. If applicable, include times when another caretaker (e.g., your partner) fed your infant. Record any times that you pumped/expressed breastmilk to either use later or donate in the right-hand column and include in your total number of infant feedings.

Feeding #	Infant feeding method						
	Non-breastmilk liquids (e.g. formula, juice)	Semi-solid/solid foods (e.g. baby cereal)	Pumped/expressed breastmilk given to infant <i>without</i> storing	My own previously refrigerated or frozen pumped/expressed breastmilk	Donated breastmilk	Breastfeeding at-the-nipple	Pumped/expressed breastmilk for later use
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Feeding #	Infant feeding method						
	Non-breastmilk liquids (e.g. formula, juice)	Semi-solid/solid foods (e.g. baby cereal)	Pumped/expressed breastmilk given to infant <i>without</i> storing	My own <i>previously refrigerated or frozen</i> pumped/expressed breastmilk	Donated breastmilk	Breastfeeding at-the-nipple	Pumped/expressed breastmilk for later use
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUM	_____	_____	_____	_____	_____	_____	_____

TOTAL # OF INFANT FEEDINGS _____





HOW TO COLLECT SALIVA

Saliva samples should be collected

- BEFORE physical exertion **OR** 60 minutes AFTER physical exertion
- BEFORE brushing your teeth **OR** 45 minutes AFTER brushing your teeth
- BEFORE eating or drinking anything other than water **OR** 60 minutes AFTER eating or drinking anything other than water. Please continue to drink water whenever you need!



Step-by-step instructions

- Before collecting your first sample, scan the QR code to the right or visit <https://tinyurl.com/pd-saliva> to watch a short video on how to properly collect saliva. The device shown in the video may look slightly different than the one in your kit, but the process is the same.
- 10 minutes before collection, rinse your mouth with water to remove food residue.**
- Open Ziploc containing saliva collection aid and collection vial.
- Clearly record the appropriate sample number on the collection vial label. Using the Sharpie, write "1" if it's your first saliva sample and "2" if it's your second saliva sample.
- Open the saliva collection aid (SCA) and place the ribbed end of the SCA securely into the collection vial.  
- Get a stopwatch ready to go on your phone or watch.
- Allow saliva to pool in your mouth. With your head tilted forward, gently guide saliva through the SCA into the collection vial. **Record (in minutes and seconds) how long it takes you to fill the vial to the 1.8 line.** This process might take a few minutes, since saliva should flow passively into the collection tube – think drooling rather than spitting!  
- Remove and discard SCA. Attach cap to collection vial and tighten.
- Put sealed collection vial back inside the Ziploc bag provided.
- Immediately store sample in your home freezer.**
- Fill out the chart below.

Measurement	SALIVA SAMPLE #1		SALVA SAMPLE #2	
Time sample was taken	Bedtime		Waking	
Time it took to collect sample	Minutes	Seconds	Minutes	Seconds

HOW TO COLLECT DRIED BLOOD SPOTS

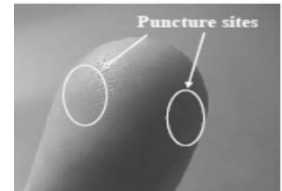
Blood samples should be collected

- BEFORE physical exertion **OR** 60 minutes AFTER physical exertion

Step-by-step instruction



1. Before collecting your first sample, scan the QR code to the right or visit <https://tinyurl.com/capdraw> to watch a short video on how to properly collect dried blood spot samples. Your Hemaspot device will look slightly different than the one in the video, but the general process is the same. Any instructions specific to your particular device are included below.
2. Gather your kit materials together on a stable and sanitized surface.
3. Wash your hands for 20 seconds using soap and warm water.
4. Open one of the Hemaspot collection devices included in your home-collection kit.
5. Clearly record the sample number on the Hemaspot device label. Using the Sharpie, write “1” if it’s your first blood sample and “2” if it’s your second blood sample.
6. Warm up your hands by gently massaging your fingertips, running your hands under warm water, and/or walking up and down stairs.
7. Select an appropriate puncture site on the middle or ring finger of your non-dominant hand. Sanitize the puncture site with an alcohol wipe and **let it air dry**.
8. Carefully collect a small blood sample (2-3 drops) into the center of the device, **using the method described in Step 1**.
9. Apply a Band-Aid to the puncture site.
10. Dispose of used lancet in the included biohazard container.
11. **Seal your Hemaspot device after 1 minute** and place back in the Ziploc bag provided.
12. **Immediately store sample in your home freezer.**
13. Record the time using the chart below.



Measurement	BLOOD SAMPLE #1	BLOOD SAMPLE #2
Time of day sample was taken	_____ Bedtime	_____ Waking

PREPARE SAMPLES FOR CURBSIDE PICKUP

After you complete all the items on your collection checklist, an approved researcher (either Carmen Hové or Madison Hubble) will collect your collection materials via **same-day curbside pickup**.

Step-by-step instructions

1. As soon as you complete the final questionnaire, a researcher will call you to confirm estimated time of pickup. **Please keep both saliva and blood samples in freezer until researcher arrives.**
2. When the researcher arrives, place the following items in the large bubble mailer envelope that your home-collection kit came in:
 - ☐ BOTH frozen saliva samples
 - ☐ BOTH frozen dried blood spot samples
 - ☐ Biohazard sharps container, containing BOTH used lancets
 - ☐ ALL PAGES of this form
3. For completely contactless pickup, simply put your materials outside your front door and the researcher will pick them up. If leaving your materials outside your door isn't possible (e.g. you live in an apartment building), we'll do a quick distanced exchange outside. The researcher will wear gloves and a mask at all times.