

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA Samples - Ver. 1.1**Section Title: Samples****Instructions:**

Date Completed

☐ Blank**Nail Clippings**

Tester ID

1. Were nail clippings collected
(Right)?☐ Yes ☐ No

Click to deselect entry

Reason Not Done

☐ 3-No Time☐ 4-Refused☐ 5-Unable (Physical or Mental)☐ 6-Equipment problems☐ 7-No Tester☐ 8-Not Eligible☐ 9-Not Scheduled/Not Applicable**RIGHT** - Collected from:☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

Click to deselect entry

Were nail clippings collected
(Left)?☐ Yes ☐ No

Click to deselect entry

Reason Not Done

- ☐ 3-No Time
- ☐ 4-Refused
- ☐ 5-Unable (Physical or Mental)
- ☐ 6-Equipment problems
- ☐ 7-No Tester
- ☐ 8-Not Eligible
- ☐ 9-Not Scheduled/Not Applicable

LEFT - Collected from:

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

Click to deselect entry

Saliva Sample

Tester ID

2. Was Saliva sample collected?

☐ Yes ☐ No

Click to deselect entry

Reason Not Done

- ☐ 3-No Time
- ☐ 4-Refused
- ☐ 5-Unable (Physical or Mental)
- ☐ 6-Equipment problems
- ☐ 7-No Tester
- ☐ 8-Not Eligible
- ☐ 9-Not Scheduled/Not Applicable

Stool Sample

Tester ID

3. Was Stool sample collected?

☐ Yes ☐ No

Click to deselect entry

Reason Not Done

- ☐ 3-No Time
- ☐ 4-Refused
- ☐ 5-Unable (Physical or Mental)
- ☐ 6-Equipment problems
- ☐ 7-No Tester
- ☐ 8-Not Eligible
- ☐ 9-Not Scheduled/Not Applicable

Date collected

Time collected

☐ Am ☐ Pm