



# Hair and Buccal Collection Form

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: HBC  
VERSION: 1.0 03/05/2019

Event: \_\_\_\_\_

0a) Date of Collection   /   /

0b) Staff Code

**Instructions:** This form should be completed during the participant's clinic visit 5.

## BUCCAL CELL COLLECTION

1) Was a buccal cell sample collected?

No<sub>0</sub> → **Go to 7**

Yes<sub>1</sub>

2) Time of buccal cell collection:

:   AM / PM

3) Was sample stored in a short term freezer at -20°C?

No<sub>0</sub> → **Go to 4**

Yes<sub>1</sub>

3a) Time sample placed in short term freezer at -20°C:

:   AM / PM

4) Time sample placed in long term storage freezer at -80°C:

:   AM / PM

5) Any bleeding during the buccal cell collection?

No<sub>0</sub>

Yes<sub>1</sub> \_\_\_\_\_

6) Any incidents or problems during the buccal cell collection?

No<sub>0</sub> → **Go to 7**

Yes<sub>1</sub>

6a) If Yes, please describe: \_\_\_\_\_

ID NUMBER:									
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**HAIR FOLLICLE COLLECTION**

7) Was hair follicle sample collected?

No<sub>0</sub> → **Go to 15**

Yes<sub>1</sub>

8) Time of hair follicle collection:

:   AM / PM

9) Was a strand(s) collected from the scalp?

No<sub>0</sub>

Yes<sub>1</sub>

10) Was a strand(s) collected from the eyebrow?

No<sub>0</sub>

Yes<sub>1</sub>

11) Was a strand(s) collected from the face (beard, mustache, etc.)?

No<sub>0</sub>

Yes<sub>1</sub>

12) Was sample stored in a short term freezer at -20°C?

No<sub>0</sub> → **Go to 13**

Yes<sub>1</sub>

12a) Time sample placed in short term freezer at -20°C:

:   AM / PM

13) Time sample placed in long term storage freezer at -80°C:

:   AM / PM

14) Any incidents or problems during the hair follicle sample collection?

No<sub>0</sub> → **Go to 15**

Yes<sub>1</sub>

14a) If Yes, please describe: \_\_\_\_\_

15) Comments (optional): \_\_\_\_\_

**END FORM**