

Form: Specimen Collection - NP/Nasal Swab

Was specimen collected? Yes
No

If "No", provide reason and end of form.

Primary reason specimen was not collected
Participant declined
Participant unable to provide sample
Other

If "Other", specify (max. 200 characters): _____

Specimen collection date _____

Specimen collection time _____

Specimen collection location
Clinical research site
Elsewhere (e.g. Home)

Was the procedure performed by participant or by staff?
Participant
Staff

Swab type
Nasopharyngeal
Nasal

Were all requirements of the specimen collection met per the SSP?
Yes
No

If "No", provide explanation in Comments. Report any nasal product use on the Concomitant Medications log.

Comments (max. 600 characters): _____