

Form: Specimen Collection - Nasal Wash

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

Has the participant recently experienced nosebleeds? Yes

No

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): _____