Participant ID:	CoVPN 5001	Visit Code:

## 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 Medications log.	t use on the Concomitant
Comments (max. 600 characters):	

This module contains Form "Specimen Collection - Nasal Wash" (page 31) from the full document "Prospective Study of Acute Immune Responses to SARS COV-2 Infection"