

Kenya Breast Health Study SALIVA COLLECTION FORM

- ❖ Verify Saliva Kit ID matches the Master Kit ID.
- ❖ Verify the Saliva Tube ID matches the Master Kit ID.
- ❖ Apply PID Label where indicated on the form.

Collection Summary		Saliva Kit ID Apply Label Here (AKU##### -SV01)
A. Site ID:		
Aga Khan Hospital.....	1	
AIC Kijabe Hospital.....	2	
Moi Teaching Hospital	3	
B. Did the participant agree to collect a saliva sample:		
YES	1	
NO	2 => <u>DO NOT COLLECT SALIVA</u>	
C. Date and Time Collected:		
_ _ / _ _ / _ _ _ _ <small>Day Month Year</small>	Example: 01/JAN/2013	
_ _ : _ _ 24 Hour clock <small>HH:MM</small>	Example: 14:30	
D. Was enough saliva provided to reach the fill line?		
YES	1	
NO	2	

❖ **SECTION 1: Record the participant’s answers to questions 1 and 2 below.**

1. Has it been at least 20 minutes since you have had anything to eat or drink (including water or chewing gum)?
 - YES 1
 - NO 2 => **WAIT UNTIL 20 MINUTES HAVE PASSED BEFORE COLLECTING SAMPLE**

2. Has it been at least 20 minutes since you have smoked?
 - YES 1
 - NO 2 => **WAIT UNTIL 20 MINUTES HAVE PASSED BEFORE COLLECTING SAMPLE**