

Patient Name: _____

Patient Age: |__| |__| . |__|

Years
 Months

Patient Sex: Male Female

FORM RIF2 - RESEARCH SALIVA

A. COLLECTION OF SALIVA (To be completed at time of collection)

1. Was saliva specimen collected?: 1 Yes Problem: 1 Unable to produce saliva
2 No 2 Refused
3 Other, specify: _____ |__| |__|

2. Date of collection: |__| |__| / |__| |__| / |__| |__| | 3. Time of collection: |__| |__| : |__| |__| (24 hour clock time) 4. Collected by: |__| |__| |

B. PROCESSING OF SALIVA FOR RESEARCH (To be completed by staff in the lab)

5. Date received at lab: |__| |__| / |__| |__| / |__| |__| | 6. Time received: |__| |__| : |__| |__| (24 hr clock time)

7. Received by: |__| |__| | 8. Estimated volume in tube: |__| |__| . |__| | ml

Problem codes

1 = No problem
2 = Tube spilled
3 = Tube broken
4 = Other

9. Problems with condition of specimen? (use code): If other, specify: _____ |__| |__|

10. Date specimen processed: |__| |__| / |__| |__| / |__| |__| | 11. Processed by: |__| |__| |

12. Were aliquots produced for storage?:
1 Yes 2 No, provide details in 13
Number of Vials: |__|
Sequence Number **0009**: Estimated Volume |__| . |__| ml
Sequence Number **0010**: Estimated Volume |__| . |__| ml
Sequence Number **0011**: Estimated Volume |__| . |__| ml
Sequence Number **0012**: Estimated Volume |__| . |__| ml

13. Problems processing specimen? 1 Yes 2 No

If Yes, describe:

14. Date specimen frozen: |__| |__| / |__| |__| / |__| |__| | 15. Time frozen: |__| |__| : |__| |__| (24 hour clock time)

Hospital ID

(stick label here)

BSI ID

(stick label here)

Subject ID

(stick label here)

Top Copy: Affix Subject ID label and retain for tracking purposes
Middle Copy: Return to Study Office
Bottom Copy: Retain by Lab