

Form: Nasal Specimen for SARS-CoV-2 PCR

Use this form to document nasopharyngeal/nasal swab collection for RT-PCR testing.

Was specimen collected? Yes
No

If "No", end of form.

Specimen collection date _____

Specimen collection time _____

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

If "Clinic", was the procedure performed by participant or by clinic staff? Participant
Clinic 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): _____