

## Dynacare<sup>\*</sup>

## **Buccal Swab Patient Information Form**

This form is to be completed by the person who has performed the buccal swab collection. Once completed, fold and place this form in the outside pouch of the biohazard plastic bag containing the buccal sample.

Patient I	nformation	1					
First name:				Last name:	Last name:		
Date of birth: Y M D			Date of collection: Y	М	D		
Sample (	Collection (	Commen	its				
1. Did the	e buccal swal	o collectio	on pad (soft side	e) potentially come in contact with I	nands or oth	ner surfaces?	
☐ Yes	□ No						
If Yes,	olease descri	be:					
2. Was ar	ny cell lysis so	olution los	t from the speci	imen tube provided?			
☐ Yes	□ No						
If Yes,	olease descri	be:					
Signature	:			Date:			