

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 Information

First name: _____ Last name: _____

Date of birth: Y M D Date of collection: Y M D

Sample Collection Comments

1. Did the buccal swab collection pad (soft side) potentially come in contact with hands or other surfaces?

Yes No

If Yes, please describe: _____

2. Was any cell lysis solution lost from the specimen tube provided?

Yes No

If Yes, please describe: _____

Signature: _____ Date: _____