



DataFax # 059

Plate # 001

Visit # 001

iCollect CRF 1: Observation Overall

Instructions: Provider should complete this CRF for each participant during their telehealth session. If a participant did not complete their telehealth session, mark "no" for question 1.

Study ID:

Clinician last name:

Combined code:

Date Completed:

First and last initial, last 4 digits of phone number

Month

Day

Year

1. Was observation of specimen collection completed?

Yes No \longrightarrow a. Why not?

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If no observation done, do not complete remainder of CRF.

2. I observed the participant collect the following specimens:

a. Saliva Yes No

b. Oropharyngeal swab Yes No

c. Dried blood spot card Yes No

3. Indicate whether you are confident the specimens collected below are suitable for laboratory testing.

a. Saliva Yes No

b. Oropharyngeal swab Yes No

c. Dried blood spot card Yes No

4. Date of observation:

Month

Day

Year

5. Time observation began:

: AM

hr (0-12) min (0-59) PM

6. Time observation ended:

: AM

hr (0-12) min (0-59) PM

7. Include other relevant notes about the session:

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Plate # 003

Visit # 001

iCollect CRF 2: Saliva Specimen

Instructions: Provider should complete this CRF for each participant during their telehealth session. If a participant did not complete the saliva specimen during the session, mark "no" for question 1.

Study ID:

Clinician last name:

Combined code:

Date Completed:

First and last initial, last 4 digits of phone number

Month

Day

Year

1. Was observation of the **saliva specimen** completed?

Yes No \longrightarrow a. Why not?

If no saliva specimen collection, do not complete remainder of CRF.

While observing the collection of the **saliva specimen**, I observed the following:

2. Participant did not eat, drink or smoke immediately before or during the specimen collection. Yes No

3. Participant washed hands (or reported washing hands if off camera) before collection. Yes No

4. Participant rinsed their mouth with water (or reported rinsing mouth if off camera) before collection. Yes No

5. Participant placed lips over funnel and collected saliva sample. Yes No

6. Participant filled the tube to the red indicator line. Yes No

7. Participant unscrewed the funnel and put on the cap. Yes No

8. Participant inverted the vial 20 times. Yes No

9. Participant removed the barcode label and applied to the tube. Yes No

10. Participant wrote their date of birth on the barcode label. Yes No

11. Participant placed the specimen in the biohazard bag and sealed the bag. Yes No

12. Notes on saliva specimen collection:



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Plate # 005

Visit # 001

iCollect CRF 3: Oropharyngeal Swab

Instructions: Provider should complete this CRF for each participant during their telehealth session. If a participant did not complete the oropharyngeal swab during the session, mark "no" for question 1.

Study ID:

Clinician last name:

Combined code:

Date Completed:

First and last initial, last 4 digits of phone number

Month

Day

Year

1. Was observation of the **oropharyngeal swab** completed?

Yes No \longrightarrow a. Why not?

If no oropharyngeal swab collection, do not complete remainder of CRF.

While observing the collection of the **oropharyngeal swab**, I observed the following:

2. Participant did not eat, drink or smoke immediately before or during the specimen collection. Yes No

3. Participant washed hands (or reported washing hands if off camera) before collection. Yes No

4. Participant did not let the swab touch anything before or after sample collection. Yes No

5. Participant inserted the swab in their mouth and swabbed each side approximately 20 seconds. Yes No

6. Participant placed the swab in the collection tube. Yes No

7. Participant broke the swab at the score line. Yes No

8. Participant placed the lid on the collection tube and tightened. Yes No

9. Participant wrote their date of birth on the tube. Yes No

10. Participant placed the specimen in the biohazard bag and sealed the bag. Yes No

11. Notes on oropharyngeal swab collection:



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Plate # 007

Visit # 001

iCollect CRF 4: DBS Collection

Instructions: Provider should complete this CRF for each participant during their telehealth session. If a participant did not complete the dried blood spot during the session, mark "no" for question 1.

Study ID:

Clinician last name:

Combined code:

Date Completed:

First and last initial, last 4 digits of phone number

Month

Day

Year

1. Was observation of the **dried blood spot specimen** completed?

Yes No \longrightarrow a. Why not?

If no dried blood spot specimen collection, do not complete remainder of CRF.

While observing the collection of the **dried blood spot specimen**, I observed the following:

- 2. Participant labeled the DBS card, including name, date of birth and date of collection. Yes No
- 3. Participant did not touch the blood collection paper. Yes No
- 4. Participant washed hands (or reported washing hands if off camera) before collection. Yes No
- 5. Participant cleaned finger with alcohol pad. Yes No
- 6. Participant used lancet on the side of a finger. Yes No
- 7. Participant did not touch the paper while making blood spots. Yes No
- 8. Participant filled spots completely. *(Notice different answer options)* All Some None
- 9. Participant set the card aside to dry. Yes No
- 10. Number of DBS spots filled: 0 1 2 3 4 5

11. Notes on dried blood spot collection: