



NASAL SWAB BIOSPECIMEN COLLECTION

ID NUMBER:

FORM CODE: **NSC**
VERSION: 1.0 10/03/2019

Event: _____

0a) Date of Collection / /

0b) Staff Code

Instructions: This form should be completed when nasal swab biospecimens are collected during the Exacerbation Substudy visits.

1) Was the nasal swab biospecimen collected?

No₀ → **Go to End**

Yes₁

2) # of nasal swabs performed in the right nare?

3) # of nasal swabs performed in the left nare?

4) Collection time:

: AM/PM

END OF FORM