



## INSTRUCTIONS FOR STOOL SAMPLE COLLECTION FORM STL, VERSION 1.0, QUESTION BY QUESTION (QxQ)

### I. GENERAL INSTRUCTIONS

The Stool Sample Collection Form (STL) is to be completed after fecal collection by the participant. Questions 1-4 are to be completed by the participant and returned with the stool sample. The reading center staff member will enter the participant's responses for questions 1-4 and complete items 5-9.

**Header Information:** The header information consists of key fields which uniquely identify each recorded instance of a form. For the Event field, record if this is happening at Visit 5 or another event.

0a. Date of Form: Coordinators complete the date before giving the form to the participant. The Michigan Reading Center will enter the data collected. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Complete the SPIROMICS staff code of the staff before giving the form and the stool kit to the participant. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data please contact the GIC in order to receive your own individual staff code.

### II. DETAILED INSTRUCTIONS FOR EACH ITEM

Please answer every question on this form.

#### Enter the participant's responses for Items 1-4.

Item 5. **Date sample was received:** Record the date the sample was received at the reading center.

Item 6. **Condition of stool sample tube:** Select only one option among the two possible choices.

- Select No if the stool sample tube is not in poor condition. [Go to Q7]
- Select Yes if the stool sample tube is in poor condition.

If yes, check all of the following conditions that apply:

**Broken tube:** Check box if the tube was broken.

**Missing ID label:** Check box if the ID label is missing.

**Sample tube not in bag provided:** Check box if the sample tube was not in the bag provided.

**Other:** Check box if there were any other conditions applying to the sample tube.

Item 6f1. Specify any other conditions applying to the sample tube.

Item 7. **Specimen ID:** Scan the specimen bar code.

Item 8. **Research staff code:** Enter the research staff code.

Item 9. **Signature date:** Enter the date of signature.

Save and close the form.