UW ADAI Sound Data Source

Saliva Test

Protocol Number: XXXXXX-XXXX

Participant #: ___ ___ ___ ___ Name Code: ___ ___ ___ Visit #: ___ ___ ___

Form Completion Status: ___

1=CRF administered
2=Participant refused
3=Staff member did not administer
4=Not enough time to administer
5=No participant contact
6=Other (specify: ________________)

Node #: ___ ___ Site #: ___ ___ ___

1. Was Saliva Test performed?
   - No 1
   - Yes 2
   - Unknown 8

2. Date Saliva Test was performed:
   ___ ___ / ___ ___ / ___ ___ ___ ___ ___
   m m d d y y y y

3. Saliva Test result:
   - Negative 0
   - Positive 1

4. Comments:
   Max. 200 characters.

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

Completed by (Staff #): ___ ___ ___ ___ ___
Reviewed by (Staff #): ___ ___ ___ ___ ___
Entered by (Staff #): ___ ___ ___ ___ ___