



INSTRUCTIONS FOR QUESTIONNAIRE FOR HAIR AND BUCCAL COLLECTION FORM HBC, VERSION 1.0, QUESTION BY QUESTION (QxQ)

I. GENERAL INSTRUCTIONS

The Hair and Buccal Collection Form is completed during the participant's clinic visit. Please complete at Clinic Visit 5.

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.

Oa. Date of Collection: Record the date the data was collected or abstracted. 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.

Ob. Staff Code: Record the SPIROMICS staff code of the person who collected or abstracted the data. 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

Item 1. **Buccal Cell Collection** Select only one option among the two possible choices.

- Select No: If a buccal cell sample was not collected. [Go to 7]
- Select Yes: If a buccal cell sample was collected.

Item 2. **Time of Buccal Cell Collection** Record the time the sample was collected in hours: minutes in 24-hour clock time.

Item 3. **Buccal cell sample placed in short term freezer at -20°C** Select only one option among two possible choices.

- Select No: did not place sample in a short term freezer; stored sample immediately in long term freezer at -80°C. [Go to 4]
- Select Yes: placed sample in short term freezer for up to one hour before placing in long term freezer at -80°C.

Item 3a. **Time buccal cell sample placed in short term freezer at -20°C** Record the time the sample was placed in the short term freezer at -20°C hours: minutes in 24-hour clock time.

Item 4. **Time buccal cell sample placed in long term freezer at -80°C** Record the time the sample was placed in the long term freezer at -80°C hours: minutes in 24-hour clock time.

Item 5. **Bleeding during the buccal cell collection** Select only one option among two possible choices.

- Select No: participant did not experience bleeding during the buccal cell collection.
- Select Yes: participant experienced bleeding during the buccal cell collection.

Item 6. **Incidents or problems during the buccal cell collection** Select only one option among two possible choices.

- Select No: participant did not experience any incidents or problems during the buccal cell collection. [Go to 7]
- Select Yes: participant experienced incidents and problems during the buccal cell collection.

Item 6a. **Describe incidents or problems during the buccal cell** Record the incidents or problems in the space provided.

HAIR FOLLICLE COLLECTION

Item 7. **Hair follicle sample collected** Select only one option among two possible choices.

- Select No: did not collect hair follicle sample from the participant. [Go to 15]
- Select Yes: collected hair follicle sample from the participant.

Item 8. **Time of hair follicle collection** Record the time the hair follicle sample was collected hours: minutes in 24-hour clock time.

Item 9. **Collected strands from the scalp** Select only one option among two possible choices.

- Select No: if strand (s) were not collected from the scalp.
- Select Yes: if strand (s) were collected from the scalp.

Item 10. **Collected strands from the eyebrow** Select only one option among two possible choices.

- Select No: if strand (s) were not collected from the eyebrow.
- Select Yes: if strand (s) were collected from the eyebrow.

Item 11. **Collected strands from the face (beard, mustache, etc.)** Select only one option among two possible choices.

- Select No: if strand (s) were not collected from the face.
- Select Yes: if strand (s) were collected from the face.

Note: Samples should be collected from the scalp, eyebrow or face. Do not collect samples that are from the neck down. If samples are collected from different areas that include samples from the scalp, store all follicles from the scalp in one cryotube. All other samples should be stored together in another cryotube.

Item 12. **Hair follicle sample placed in short term freezer at -20°C** Select only one option among two possible choices.

- Select No: did not place sample in a short term freezer; stored sample immediately in long term freezer at -80°C. [Go to 13]
- Select Yes: placed sample in short term freezer for up to one hour before placing in long term freezer at -80°C.

Item 12a. **Time hair follicle sample placed in short term freezer at -20°C** Record the time the sample was placed in the short term freezer at -20°C hours: minutes in 24-hour clock time.

Item 13. **Time hair follicle sample placed in long term freezer at -80°C** Record the time the sample was placed in the long term freezer at -80°C hours: minutes in 24-hour clock time.

Item 14. **Incidents or problems during the hair follicle collection** Select only one option among two possible choices.

- Select No: participant did not experience any incidents or problems during the buccal cell collection.
- Select Yes: participant experienced incidents and problems during the buccal cell collection.

Item 14a. **Describe incidents or problems during the hair follicle collection** Record the incidents or problems in the space provided. If no, [Go to 15]

Item 15. **Comments (Optional)** Record any additional comments in the space provided. If there are no comments leave the field blank. Optional fields will not be on the missing fields report.

Save and close the form after you have saved and clicked on the missing fields' link to check for any other required fields that are missing data.