1st Home Sample - Awakening

Child’s Name _____________________  Date _________________

Record the time of collection: __________________

Is your child wearing his/her hearing devices?

Right Ear ___Yes ___No ___N/A  Left Ear ___Yes ___No ___N/A

*N/A = My child does not wear a hearing aid on this ear

Remember:

Do not let your child eat or drink anything at least 30 minutes before collecting saliva. If your child must eat between morning samplings, have him/her eat immediately following a sample and rinse his/her mouth out really well with water. This will leave about 20 minutes before the next sample with a clear mouth.

Initial in each box as you complete the step:

1. Wash hands.
   __________

2. Place cotton in child’s mouth.
   __________

3. Soak cotton in mouth for 2 minutes.
   __________

4. Return wet cotton to small tube and close cap.
   __________

5. Write time and date on label of tube.
   __________

   __________

NOTE: Please do not collect samples if your child has blood in his/her mouth for any reason or if school has been cancelled (e.g., snow day).

Please call Samantha Gustafson at (615) 936-7498 with any questions.
2nd Home Sample - 30 minutes after wake-up

Record the time of collection: ______________________

Is your child wearing his/her hearing devices?

**Right Ear** ___Yes ___No ___N/A **Left Ear** ___Yes ___No ___N/A

*N/A = My child does not wear a hearing aid on this ear

**Remember:**

Do not let your child eat or drink anything at least 30 minutes before collecting saliva. If your child must eat between morning samplings, have him/her eat immediately following a sample and rinse his/her mouth out really well with water. This will leave about 20 minutes before the next sample with a clear mouth.

**Initial in each box as you complete the step:**

<table>
<thead>
<tr>
<th>1. Wash hands.</th>
<th>4. Return wet cotton to small tube and close cap.</th>
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<th>2. Place cotton in child’s mouth.</th>
<th>5. Write time and date on label of tube.</th>
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**NOTE:** Please do not collect samples if your child has blood in his/her mouth for any reason or if school has been cancelled (e.g., snow day).

Please call Samantha Gustafson at (615) 936-7498 with any questions.
3rd Home Sample - 60 minutes after wake-up

Record the time of collection: ____________________

Is your child wearing his/her hearing devices?

**Right Ear**  
___Yes  ___No  ___N/A  

**Left Ear**  
___Yes  ___No  ___N/A

*N/A = My child does not wear a hearing aid on this ear

**Remember:**

Do not let your child eat or drink anything at least 30 minutes before collecting saliva. If your child must eat between morning samplings, have him/her eat immediately following a sample and rinse his/her mouth out really well with water. This will leave about 20 minutes before the next sample with a clear mouth.

Initial in each box as you complete the step:

1. Wash hands.  
   __________

2. Place cotton in child’s mouth.  
   __________

3. Soak cotton in mouth for 2 minutes.  
   __________  **2 minutes**

4. Return wet cotton to small tube and close cap.  
   __________

5. Write time and date on label of tube.  
   __________

   __________

**NOTE:** Please do not collect samples if your child has blood in his/her mouth for any reason or if school has been cancelled (e.g., snow day).

Please call Samantha Gustafson at (615) 936-7498 with any questions.
4th Home Sample - 8:00 pm (evening)

Record the actual time of collection: ________________

Is your child wearing his/her hearing devices?

**Right Ear**  ___Yes  ___No  ___N/A  **Left Ear**  ___Yes  ___No  ___N/A

*N/A = My child does not wear a hearing aid on this ear*

Remember:

Do not let your child eat or drink anything at least 30 minutes before collecting saliva. If your child must eat between morning samplings, have him/her eat immediately following a sample and rinse his/her mouth out really well with water. This will leave about 20 minutes before the next sample with a clear mouth.

**Initial in each box as you complete the step:**

1. Wash hands.
   __________

2. Place cotton in child's mouth.
   __________

3. Soak cotton in mouth for 2 minutes.
   __________

4. Return wet cotton to small tube and close cap.
   __________

5. Write time and date on label of tube.
   __________

   __________

**NOTE:** Please do not collect samples if your child has blood in his/her mouth for any reason or if school has been cancelled (e.g., snow day).

Please call Samantha Gustafson at (615) 936-7498 with any questions.