

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

I. GENERAL INSTRUCTIONS

The Stool Sample Collection Form (STL) is to be completed after fecal collection by the participant.

NOTE: Items 1-4 are to be completed by the participant and returned with the stool sample via the pre-paid addressed mailer within 24 hours of collection. The Michigan Reading Center staff member will enter the participant's responses for Items 1-4 and complete Items 5-9 themselves in CDART.

Please answer every question on this form. *NOTE: All response options in the paper form may not appear in CDART (e.g., 'Don't know', 'Declines to answer', etc.).* Beside each item input is a small double bracket icon which looks like this: . Clicking this icon displays a field dialogue box in which the "Field Status" selection menu allows you to choose from the following options: 'Refused', 'No response', 'Doesn't know', 'Not applicable', 'Maximum value', 'Minimum value', and 'Missing'. **See MOP 6 – Section 3.2 for additional instructions on how to select a Field Status option.**

II. INSTRUCTIONS FOR INDIVIDUAL ITEMS

Header Information: Consists of key fields which uniquely identify each subject and recorded occurrence of a form. For the "ID NUMBER", record the 3-character, 6-digit number assigned to the specific participant. For the "Event", record if this is happening at Baseline or another event.

- Item 0a.** Record the date the data was entered in CDART in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.
- Item 0b.** Record the SOURCE 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 SOURCE data, please contact the GIC in order to receive your own individual staff code.
- Item 1.** Record the date the participant collected their stool sample in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.
- Items 2-4.** Select only one option among the two possible choices.
- Item 4a.** If 'Yes' to Item 4, specify any major changes in what the participant ate or drank in the week prior to collecting the stool sample in the space provided.
- Item 5.** Record the date the stool sample was received at the Michigan Reading Center in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.
- Item 6.** Select only one option among the two possible choices. If 'No's is selected, go to Item 7.
- Items 6a-6d.** Use the check boxes to answer all that apply to the condition of the stool sample tube.
- Item 6d1.** If 'Other' is checked in Item 6d, specify other condition of the stool sample tube in the space provided.

- Item 7.** Scan the lab sample barcode label or record the Specimen ID on the stool sample tube in the space provided. If manually entering the Specimen ID, capitalize all characters. *NOTE: The Specimen ID should MATCH the Subject ID (i.e., the 3-character, 6-digit number assigned to the specific participant) in CDART.*
- Item 8.** Record the research staff code of the person who signed for receipt of the stool sample. This person should have a SOURCE staff code that is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SOURCE data, please contact the GIC in order to receive your own individual staff code. Enter the research staff code.
- Item 9.** Record the date of signature of the research staff that signed for receipt of the stool sample.

Select **Save and Close** at the bottom of the page/screen.