



Department of
Health and Human Services
Health and Environmental Testing Laboratory
47 Independence Drive
12 State House Station
Augusta, Maine 04333-0012
Tel: (207) 287-2727; Fax: (207) 287-6832
TTY: 1-800-606-0215

SELF COLLECTION QUALITY ASSURANCE WORKSHEET

This worksheet must be filled out by the swab and send collection site and it must accompany each shipment of samples.
Failure to complete this form may result in samples being rejected or an increase in testing turn around time.

Site of Collection	
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SWAB			
Type of Swab	Manufacturer	Lot #	Expiration date

Collection Media			
Type of media	Manufacturer	Lot #	Expiration date

Collection Tube			
Type of tube	Manufacturer	Lot #	Expiration date

Medical Observer trained in the collection of Nasal mid-turbinate and Anterior nares clinical specimens	
Name	Type of provider (MD, NP etc..)