Intructions for Site RA: This form is used to document all sputum specimens obtained on study participants. Instructions for collecting the samples are provided below. Each participant should receive a kit containing material for collecting sputum at home. Please ensure the following when giving materials to the participant:

- Include your contact information should the participant have questions about sputum collection
- Indicate the location on the ST Form where the date of collection should be written by the participant
- Advise the participant that the ST Form should accompany the specimen mailing
- Mark on the BL Form that you have provided the participant with the sputum collection materials

RA Name: ___________________________________________ Telephone: ______________________________

Instructions for participant: You have been given two (2) specimen cups containing a special preservative (Saccamanos solution). These cups should be used to collect sputum (phlegm) specimens for the ACRIN 6654 NLST. Upon arising in the morning, you should thoroughly rinse your mouth with water. You must cough deeply into the sputum cup. It is often easier to produce sputum after your morning shower. Cough on three successive mornings into the red labeled cup. Follow the sample procedure by coughing three more successive mornings into the blue labeled cup.

Once you have provided the sputum, screw the caps tightly place them in the postage-paid container that has been provided to you. This ST Form should be also enclosed with your two specimens in the container provided. The samples do not need to be refrigerated prior to mailing, but should be stored at room temperature in a safe place so that they are not inadvertently lost. These containers go through regular mail and can be mailed from your home or any mail box. Mail the container directly to the Colorado Specimen Bank.

Please indicate the last day (date) of collection for each cup.

Date sputum specimen collected:

1. Red labeled cup: [ ] [ ] [ ] 2 0 0 (mm-dd-yyyy)
2. Blue labeled cup: [ ] [ ] [ ] 2 0 0 (mm-dd-yyyy)

Instructions to Colorado Specimen Bank: Please complete the following, and enter into the ACRIN 6654 NLST Web utility. Fax a copy of this form to ACRIN Data Management.

Date sputum specimens received at laboratory: [ ] [ ] [ ] 2 0 0 (mm-dd-yyyy)

Indicate number of sputum cups received: [ ]

Comments: ____________________________________________________________________________________

Please FAX a copy of this ST Form to:
American College of Radiology
ACRIN 6654-NLST
FAX: (215) 717-0936
Attention: ACRIN 6654 NLST Data Management

Person completing form (Colorado Specimen Bank): __________________________________________ Date form completed: [ ] [ ] [ ] 2 0 0