

ORAL PROTOCOL - FORM OP3 SALIVA SAMPLE

A1. ID LABEL HERE ---> [ ] - [ ] - [ ] - [ ] A2.VISIT #: A3. VERSION DATE: 03/01/95

A4. FORM COMPLETED BY: A5. DATE OF PROCEDURE

B1. Were any saliva sample(s) collected?

YES..... 1 (B2)
NO ..... 2

a. Reason not collected?

(SPECIFY) (END)

B2. Was food eaten within the last 6 hours?

YES..... 1
NO ..... 2 (B3)

a. If yes, at what time? [ ] : [ ] AM .....1
PM.....2

B3. Has participant brushed, flossed, or rinsed with mouthwash within the last 6 hours?

YES..... 1
NO ..... 2 (B4)

a. If yes, at what time? [ ] : [ ] AM .....1
PM.....2

(The following question, B4, refers to UNSTIMULATED WHOLE saliva.)

B4. Unstimulated whole saliva collection (collect for 5 minutes):

a. Time started [ ] : [ ] AM ..... 1 PM.....2
b. Time ended [ ] : [ ] AM ..... 1 PM.....2
c. Volume collected [ ] . [ ] ml.

(The following questions, B5-B6, refer to STIMULATED WHOLE saliva.)

B5. First 2 ml. stimulated whole saliva collected for microbiologic evaluation?

YES..... 1
NO ..... 2 (B7)

B6. Stimulated whole saliva collection for flow rate determination (collect for 3 minutes):

a. Time started [ ] : [ ] AM ..... 1 PM.....2
b. Time ended [ ] : [ ] AM ..... 1 PM.....2
c. Volume collected [ ] . [ ] ml.

B7. Comments?

YES..... 1
NO ..... 2 (END)

a. (SPECIFY)