

Tracking Log: Collected Buccal Swab Kits

Event Name: _____

Event Key: _____ Event Date: _____

Apply non-barcode label in numbered box below. *Please indicate N/A in any unused boxes

1	11	21	31	41
2	12	22	32	42
3	13	23	33	43
4	14	24	34	44
5	15	25	35	45
6	16	26	36	46
7	17	27	37	47
8	18	28	38	48
9	19	29	39	49
10	20	30	40	50

Signature: _____ Date: _____
(YYYY-MM-DD)

(To be completed when filling out Event Reconciliation Form)

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