

Need help?

Scan the QR code to visit growingup.co.nz/beyourownscientist which has answers to frequently asked questions, videos and more pictures showing how to take the samples.



Be Your Own Scientist

Extra Information Sheet

PLEASE RETURN WITH SAMPLES Use this sheet to let us know how your sample collection went. Tick the relevant boxes:

Date samples taken

(DD/MM/YYYY)

...../...../.....

Has your child had COVID-19? Circle your answer

Yes No Prefer not to say / Don't know

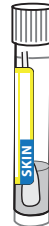
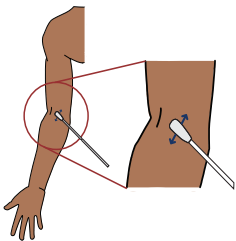
If yes, approximate date/...../.....

FOR OFFICE USE

PID

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Inner elbow skin sample

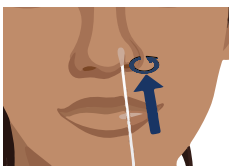


- Sample collected successfully
- My child's skin had a cream or skin rash medication on it when the sample was taken
- Sample was taken from the left arm
- I have used the spare sticker on the collection tube

Anything else you need to tell us?

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Nose sample

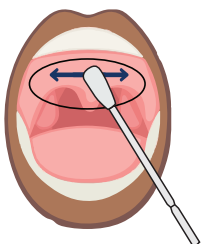


- Sample collected successfully
- Only one nostril was swabbed
- I have used the spare sticker on the collection tube

Anything else you need to tell us?

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Throat sample



- Sample collected successfully
- My child had a sore throat at the time the sample was taken
- I touched my child's tonsils, cheeks or gums with the swab
- I have used the spare sticker on the collection tube

Anything else you need to tell us?

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