



Policy or Procedure Subject: Buccal Swab Checklist		No. 01
Department or Section: Education		Prior Issue Date: Issue Date: 01/27/2022
Prepared By: Victoria Tice, MSc-RCS	Supervisor Approval:	Laboratory Director Approval:

Trainee: _____

Presentation Material	Witnessed x1	Performed x2	Date	Trainee	Trainer
Don PPE					
Sanitize/wash hands					
Visual check of patient mouth for food or liquid					
Removal of swab from package					
Insert swab in mouth					
Firmly rub and rotate swab on cheek for 10-15 sec on both sides					
Removal of the swab from mouth					
Place swab in dry transport tube					
Label at the Table					
Storage of sample					

Trainee Signature and Date: _____

Trainer Signature and Date: _____

Supervisor Review Signature and Date: _____