

Appendix B: Collection Worksheet Instructions for *dose administered in clinic and urine specimen mailed or dropped off at clinic (Method A)*

Dear Mr. _____:

Thank you for agreeing to participate in this study.

Please provide your urine sample before __:___ a.m. on ___/___/___

You should not eat anything before you provide your sample. You may drink water but do not drink coffee, tea or other liquid before providing your sample.

You should provide your urine sample the second or third time you urinate on the date listed above.

When you are ready to prepare the urine sample, please do the following:

1. Have all equipment ready.
2. Starting midway through urination, void directly into the collection container until the container is half full
3. Remove the funnel (*not required if funnel is not provided*)
4. Carefully seal the cap of the container so that it is tight and leak proof.
5. Follow the directions on the next page to return the urine to the clinic.

Please record the time and date you provided your urine sample:

Time: _____ a.m. or p.m.

Date: ___/___/___

Were you fasting when you produced your urine sample?

Yes No

When is the last time you ate or drank anything before producing your urine sample?

Time: _____ a.m. or p.m.

Date: ___/___/___

If you provided your dose at a different time or day than listed above, that is okay. We need this information for our records.

Instructions on returning the urine to the clinic are on the next page. If you have any questions, please contact <<list clinic contact>>

<<Clinic staff please highlight the information below>>

PLEASE RETURN THIS PAPER WITH YOUR SPECIMEN

Appendix C: Instructions for dropping off the urine specimen to the clinical center, *for sites with dose administered in clinic and urine specimen mailed or dropped off at clinic (Method A)*

Instructions for dropping off the urine sample:

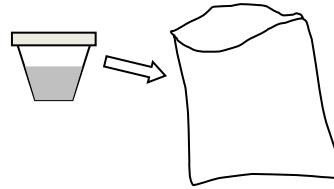
1. Place the urine specimen container in the plastic bag provided.
2. Keep the urine specimen at room temperature. Avoid hot cars and other heat or cooling sources.
3. Return the specimen during clinic hours, <<X a.m. to X p.m.>> on ___ / ___ / _____
4. Return the specimen to:
<<list clinic address>>
5. Return the Collection Worksheet with your specimen.

If you have any questions, please contact <<list clinic contact>>

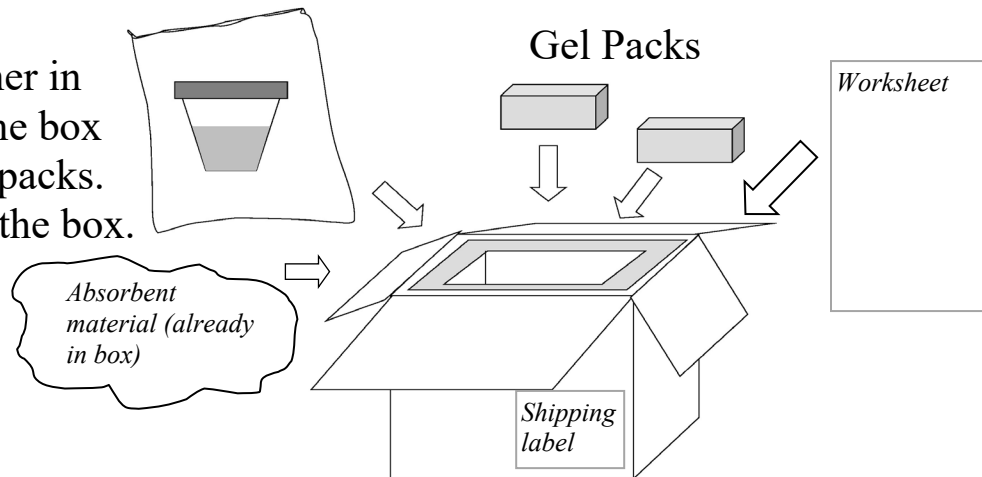
Appendix D: Shipping Instructions for Urine Sample *for sites with dose administered in clinic and urine specimen mailed or dropped off at clinic (Method A)*

The clinic has arranged to have your urine sample picked up by the US Postal Service. Please prepare your sample for shipping using the following directions. If you have any questions please call <<list clinic contact>>>

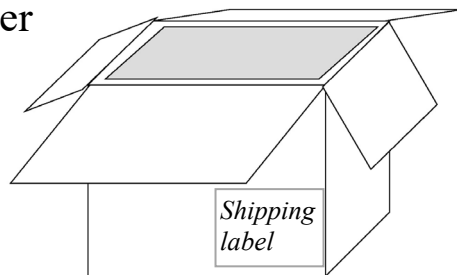
1. Place the sealed urine container in the zip-top bag



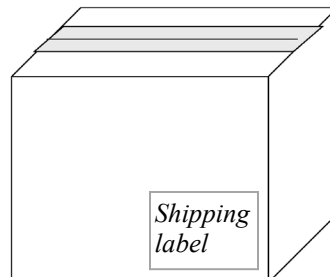
2. Place the container in the zip-top bag in the box with the frozen gel packs. Place worksheet in the box.



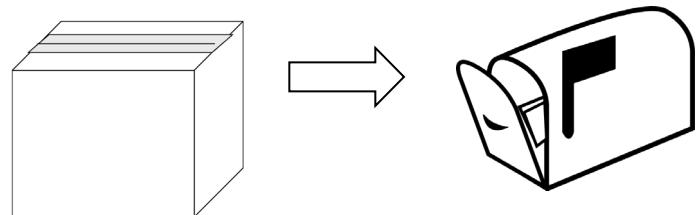
3. Place the lid on the inner Styrofoam box.



4. Seal the outer cardboard box with tape provided.



5. Place the box where your mail is collected. If it won't fit in your mailbox, leave it as close to your mail box as possible.



Appendix E: Worksheet Instructions for *administering dose by mail and urine collection in clinic (Method B)*:

Dear Mr. _____ :

Thank you for agreeing to participate in this study.

The single pill included in this packet is labeled creatine.

<<picture will be inserted here by Coordinating Center>>

Please take your dose before ___:_____ a.m. on ____/____/_____

You may take your dose with a meal, before a meal, or with or without water or other liquids.

On ____/____/_____, someone will call you from the MrOS study to confirm with you that you ingested the creatine pill and to confirm your MrOS clinic visit 4 time and date.

When you attend your clinic visit on _____ you will be asked to provide urine sample before you've had any food, coffee or other liquids. You may drink water prior to the visit. Some of this urine sample will also be used in this study.

<<Clinic staff please highlight the information below>>

Please record the time and date you actually took your dose:

Time: _____ a.m. or p.m.

Date: ____/____/_____

If you took your dose at a different time or day than instructed, that is okay. We need this information for our records.

If you have any questions, please contact <<<list clinic contact>>>

PLEASE BRING THIS PAPER TO YOUR MROS CLINIC VISIT