



33730

Urine Collection & Processing

Office Use Only--														
MrOS ID#					Acrostic					Staff ID#				

1 Was urine collected? Yes No

A. Date of specimen collection:

		/			/				
Month			Day			Year			

B. Time participant collected specimen:

		:			<input type="radio"/> am <input type="radio"/> pm
Hours			Minutes		

C. What void was this?

1st 2nd >2nd

Date of Lab Processing:

		/			/				
Month			Day			Year			

Start time of lab processing:

		:			<input type="radio"/> am <input type="radio"/> pm
Hours			Minutes		

Vial #6:(Yellow/4.0mL urine) Complete Partial Not filled

Vial #7:(Yellow/4.0mL urine) Complete Partial Not filled

Enter ID from bar code label:

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Portland Only: Did participant complete 24hr urine collection? Yes No

A. Date of specimen collection:

		/			/				
Month			Day			Year			

B. Time participant started collection:

		:			<input type="radio"/> am <input type="radio"/> pm
Hours			Minutes		

C. Did collection last 24 hours? Yes No D. Were all voids collected? Yes No

Date of Lab Processing:

		/			/				
Month			Day			Year			

Start time of lab processing:

		:			<input type="radio"/> am <input type="radio"/> pm
Hours			Minutes		

Vial #8:(Green/4.0mL urine, central storage)
 Complete Partial Not filled

Vial #9: (Green/4.0mL urine, central storage)
 Complete Partial Not filled

Vial #10: (4.0mL urine)
 Complete Partial Not filled

Vial #11: (4.0mL urine)
 Complete Partial Not filled

Vial #12: (4.0mL urine)
 Complete Partial Not filled

Vial #13: (4.0mL urine)
 Complete Partial Not filled

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