

Urine Collection & **Processing**

Office Use Only MrOS ID#	/	Acrostic	Staff ID#	

1) Was urine collected?	Yes ○ No			
A. Date of specimen collection:	/ Day Year			
B. Time participant collected specimen: Hours Minute	O am O pm O lst O 2nd O >2nd			
Date of Lab Processing: Start time of lab processing:				
Month Day Year Hours Minutes O am				
Vial #6:(Yellow/4.0mL urine) ○ Complete ○	Partial O Not filled			
Vial #7:(Yellow/4.0mL urine) ○ Complete ○	Partial O Not filled			
Enter ID from bar code label:				
Portland Only: Did participant complete 24hr urine collection? OYes ONO				
	↓			
A. Date of specimen collection:	↓ /			
A. Date of specimen collection: Month	Day Year			
B. Time participant started collection:	O am O pm			
B. Time participant started collection:	ours Minutes			
B. Time participant started collection: C. Did collection last 24 hours? • Yes • No	O am O pm Minutes D. Were all voids collected? O Yes O No			
B. Time participant started collection: C. Did collection last 24 hours? • Yes • No	ours Minutes D. Were all voids collected? O Yes O No of lab processing:			
B. Time participant started collection: C. Did collection last 24 hours? O Yes O Note to Date of Lab Processing: Start time	Ours Minutes D. Were all voids collected? O Yes O No of lab processing: O am O pm O am O pm			
B. Time participant started collection: C. Did collection last 24 hours?	ours Minutes D. Were all voids collected? O Yes O No of lab processing: O am O pm Minutes			
B. Time participant started collection: C. Did collection last 24 hours? O Yes O Note Date of Lab Processing: Month Date of Lab Processing: Month Day Year Hours Vial #8:(Green/4.0mL urine, central storage)	Ours Minutes D. Were all voids collected? O Yes O No of lab processing: O am O pm Minutes Vial #9: (Green/4.0mL urine, central storage)			
B. Time participant started collection: C. Did collection last 24 hours?	ours Minutes D. Were all voids collected? O Yes O No of lab processing: O am O pm Minutes			
B. Time participant started collection: C. Did collection last 24 hours? O Yes O Note of Lab Processing: Start time Month Day Year Hours Vial #8:(Green/4.0mL urine, central storage) O Complete O Partial O Not filled	Ours Minutes D. Were all voids collected? O Yes O No of lab processing: O am O pm Minutes Vial #9: (Green/4.0mL urine, central storage) O Complete O Partial O Not filled			
B. Time participant started collection: C. Did collection last 24 hours? O Yes O Note of Lab Processing: Start time Month Date of Lab Processing: Month Day Year Hours Vial #8:(Green/4.0mL urine, central storage) O Complete O Partial O Not filled Vial #10: (4.0mL urine)	Ours Minutes D. Were all voids collected? O Yes O No of lab processing: O am O pm Minutes Vial #9: (Green/4.0mL urine, central storage) O Complete O Partial O Not filled Vial #11: (4.0mL urine)			



