



21980

# 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. Was a fasting sample collected?

Yes  No

C. Time of

last meal:

:

am

pm

D. Time participant collected specimen:

:

Hours

Minutes

am

pm

E. What void was this?

1st  2nd  >2nd

Date of Lab Processing:

/  /

Month

Day

Year

Start time of lab processing:

:

Hours

Minutes

am

pm

Vial #5:(Yellow/4.0mL urine)  Complete  Partial  Not filled

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

Enter ID from bar code label:

