



# Urine Collection & Processing

Office Use Only-- MrOS ID#		Acrostic	<input type="radio"/> HOME VISIT Staff ID#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1 Was urine collected?  Yes  No



A. Date of specimen collection:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

B. Time participant collected specimen:

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

C. What void was this?

1st  2nd  >2nd

D. Time of last meal:

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

E. Was fasting sample collected?  Yes  No

Date of Lab Processing:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

Start time of lab processing:

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

Vial #17:(Yellow/1.0mL urine)  Complete  Partial  Not filled

Vial #18:(Yellow/1.0mL urine)  Complete  Partial  Not filled

Vial #19:(Yellow/1.0mL urine)  Complete  Partial  Not filled

Enter ID from bar code label:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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