



Urine Collection & Processing

Office Use Only--

MrOS ID#

Acrostic

Staff ID#

1 Was urine collected at clinic visit? Yes No

Reason: Refused, did not provide consent

Refused, other

Unable

Other: _____

A. Date of specimen collection:

/ /

Month Day Year

B. Time participant collected specimen:

: am
 pm

Hours Minutes

C. What void was this? 1st 2nd >2nd

D. Time of last meal:

: am
 pm

Hours Minutes

E. Was fasting sample collected? Yes No

Date of Lab Processing:

/ /

Month Day Year

Start time of lab processing:

: am
 pm

Hours Minutes

Vial #12:(Yellow/0.5mL urine) Complete Partial Not filled

Vial #13:(Yellow/0.5mL urine) Complete Partial Not filled

Vial #14:(Yellow/0.5mL urine) Complete Partial Not filled

Vial #15:(Yellow/0.5mL urine) Complete Partial Not filled

Vial #16:(Yellow/0.5mL urine) Complete Partial Not filled

Vial #17:(Yellow/0.5mL urine) Complete Partial Not filled

Vial #18:(Yellow/0.5mL urine) Complete Partial Not filled

Enter ID from bar code label:

25697

