



Urine Collection

Id#: IDNO

Acrostic: ACROSTIC

Date:
Month Day Year

1 Was urine sample collected?

1 YES → Skip to #2 **URNCOLL1**

0 NO



Why was urine sample not taken? **WHYNOUR1**

1 Participant unable to void

2 Refused

3 Other:

NOURNTX1

Skip to #4

2 What time was urine collection taken?

: M

URNCTM1

3 Time of last urination (prior to this collection)

: M

URNPRTM1

4 Has participant been selected as a quality control subject? (Participant ID ends in 4 and sixth digit is 0, 1, 2, 3, or 4)

0 NO

URNCQC1

1 YES

2 YES, but not enough urine for QC

Technician ID:
URNCTID1

Reviewer ID:
URNCRID1

Data Entry ID:
URNCDID1