

## **Spot Urine Collection**

FORM CODE: SUC VERSION C 10-23-2008

D NUMBER:							C	ONTAC	CT YEAR:	0	9		
_ast name:									INIT	IALS:			
INSTRUCTIONS: This form should be completed during participant's visit (or at the initiation of the procedure). ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.													
I. Lab ID:			🔲										
2 Date of S	Specimen	colle	ction:			m	/ d	d	у у	У	y y	y	
STUDY INITIAT	ΓΙΟΝ												
	oarticipar llection? .							Yes				1	
								No				2	
								Don't	Know			7	
								Refus	ed			8	
								Missin	ng			9	
4. Was a urin	ie specim	en co	llected?	,				Yes				1	
								No				2	

4.	Method of data collection:	Compu	ıter	1
		Paper I	orm	2
5.	Data Collected:	In hous	se	1
		Off site	9	2
6.	Number of microvials processed			
7.	Code number of person processing urine specimen			
8.	Code number of person completing this form:			

В.

**ADMINISTRATIVE INFORMATION**