



L-PVDOMICS STUDY

Center Urine Collection - Form #820

Instructions: Biorepository specimens are collected for **L-PVDOMICS Level 1 participants only**. L-PVDOMICS Study team member should be familiar with the L-PVDOMICS urine collection and processing – see MOP Chapter 235. The study coordinator will provide the study participant identification number and alpha code. If urine collection will never be done, explain why in Comments.

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1. Identification Number

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2. Alphacode

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3. Urine Collection Date (mm/dd/yyyy)

4. Biorepository Kit Number ____ ____ LPVD ____ ____
5. Status of Urine Collection ____
 1=Done, continue with Q6
 2=Not done – attempted, but unsuccessful, briefly explain what happened in comments below
 3=Not done, site logistical issues, briefly explain what happened in comments below
6. Username of person receiving urine sample ____ ____ ____ ____ ____
7. Collection time (24-hr clock) (hh:mm) ____ ____ : ____ ____
8. Time urine container was delivered to lab (24-hr clock) (hh:mm) ____ ____ : ____ ____
9. Were any issues experienced during the urine collection? (0=No, 1=Yes) ____

Comments:

200. Date form completed (mm/dd/yyyy) ____ ____ / ____ ____ / ____ ____

201. Username of person completing/reviewing completeness of this form ____ ____ ____ ____ ____

Clinical Center Use Only

Date form entered (mm/dd/yyyy) ____ ____ / ____ ____ / ____ ____

Username of person entering this form ____ ____ ____ ____ ____