



## PVDOMICS STUDY

### Center Urine Collection 1 - Form #320

**Instructions:** Person receiving urine sample should be familiar with MOP Chapter 35. The study coordinator will provide the study participant identification number and alphacode. If Urine Collection 1 will never be done, explain why in Q4.

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1. Identification Number

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2. Alphacode

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3. Date of collection (mm/dd/yyyy)

4. a. Status of Urine Collection 1

(1=Done, 2=Not done – attempted, but unsuccessful, 3=Not done, site logistical issues).....

b. If not done, briefly explain why, and then skip to Q 200.

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5. Username of person receiving urine sample.....

6. Collection time (24-hr clock) (hh:mm) ..... : .....

7. Time urine container was delivered to lab (24-hr clock) (hh:mm) ..... : .....

8. 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.....