

Date Kit provided to participant: _ _ / _ _ / _ 2_ 0_ _ _	Date Samples picked up _ _ / _ _ / _ 2_ 0_ _ _
KIT ID	
Assignment ID:	Site ID:
Participant ID:	Visit type: P1
Data Collector ID:	

National Children’s Study Pregnancy Test Urine Data Collection Form

As part of the National Children’s Study, we are asking you to collect a urine sample the morning after your positive pregnancy test. This should be an early morning sample, collected the first time you urinate after you awake to start your day. This collection is called a first morning void.

You have been provided with a pre-labeled urine collection cup with lid, 2 paper towels, a sealable plastic bag, and the instructions you will need to collect your urine sample. Please follow the instructions provided.

Questions for Urine Collection	Response
1) What was the date of your positive pregnancy test?	___ ___ / ___ ___ / ___ ___
2) What is today’s date?	___ ___ / ___ ___ / ___ ___
3) What time did you collect your sample this morning?	___ ___ : ___ ___ am
4) Was this your first morning void (first urination after you awoke)?	<input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> Not sure Comment: _____
5) What was the time of your last urination prior to this morning’s collection? (check am or pm)	___ ___ : ___ ___ a. ___ am b. ___ pm
6) What time did you place the sample in the freezer?	___ ___ : ___ ___ am
7) Comments/Notes:	_____

Please place this completed form in the side pouch of the bag with your urine cup.
Thank you for providing this sample!