Form Approved

OMB No. 0920-xxxx

Exp. Date xx/xx/xxxx

**How to collect the urine**

Public reporting burden of this collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to  CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, NE, M/S D74, Atlanta, GA 30333, ATTN: PRA 0920-xxxx.

Please start your collection on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (day of week and date). You will collect all your urine for 24 hours.

The **night before collecting**

1. Have the urine collection kit near the toilet to be ready to be used the next morning.

**On \_\_\_\_\_\_\_\_\_\_ (DAY of WEEK):**

1. When you wake up, urinate (pee) in the toilet as usual. DO NOT collect this urine, but BE SURE TO write down the date and time of this first urine of the day on the first label, under the line “Start Time”.
2. Begin to collect your urine in the bottle the second time you urinate (pee); store it in the bottle. Screw on the lid tightly.
3. Keep your collected urine in a cool place by storing in a cool place such as in the basement of your home, in a cooler with ice, or by keeping it in the large Ziploc bag in the refrigerator.
4. Continue to collect all your urine in the bottle each time you urinate during the 24-hour study period.
5. If you need to pass stool (poop), urinate and collect your urine first.

**On \_\_\_\_\_\_\_\_\_\_ (DAY of WEEK):**

1. Plan to wake up at about the same time you did the day before on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. **Collect your urine the first time you urinate**. This is the last urine you will collect. Write down the date and time of this last urine on the label on the storage container.

If you have any questions, please call the helpline at 612-62X-XXXX.

**The Urine Collection Kit**

Below is a brief description of the items included in the urine collection kit:

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| **Urine Hat** **(for women)** | Women will use the urine hat to collect their urine. The urine hat sits under the toilet seat. |
| **Urine Collection Cup** **(for men)** | Men will use this cup to collect their urine. |
| **Storage Bottles/Containers** | The urine collected in the urine hat or the collection cup will be poured into and stored in the storage bottle/container. Two containers are provided.  |
| **Storage Container Label** | A label will be applied to the storage container. |
| **Ziploc bag** | * The Ziploc bag is to store the collection bottles.
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| **Cooler Bag** | * The travel cooler bag is to store urine in the storage containers when you are away from home.
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If you have any questions, please call the clinic at 612-62X-XXXX.