Form Approved

OMB No. 0920-0982

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**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 0920-0982.

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 label on the storage container and the ‘24-Hour Urine Collection Form’, on 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 such as in the basement of your home, in a cooler with ice, or by keeping it in the large drawstring 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 and the 24-Hour Urine Collection Form.

If you have any questions, please call the clinic manager at 612-462-7751.

**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. |
| **Storage Container** | The urine collected in the urine hat will be poured into and stored in the storage container. Men can urinate directly into the storage container. Two containers are provided upon request.  |
| **Storage Container Label** | A label will be applied to the storage container. |
| **Drawstring Bag** | The drawstring bag is to store the collection bottles and use for transport. |
| **24-Hour Urine Collection Form** | Complete the start and finish time and date and attach the form to the storage bottle with a rubber band. |

If you have any questions, please call the clinic manager at 612-462-7751.