Specimen Processing Form

Date of collection __ __/__ __/__ __

Place Label Here

Form Approved
OMB No. 0923-0041
Exp. Date xx/xx/201x

<u>PLEASE READ</u>:
Complete this form with the subject
Answer all applicable questions
Questions? Call 1-855-874-6912

URINE

Urine specimen collected?

☐ Yes ☐ No *(subject declined or unable to void)*

2. If **YES**, record date and time of collection:

__ __/__ __/__ __ __ __:__ __ am/pm

3. If **YES**, did subject collect the specimen when he or she first woke up this morning?

☐ Yes ☐ No

BLOOD *Please note subjects are NOT required to fast.*

1. **Blood sample collected?** ☐ **Yes** ☐ **No**

If **YES**, please check tubes of blood that were collected:

☐ Tube 1 ☐ Tube 2 ☐ Tube 3 ☐ Tube 4 ☐ Tube 5

Record time of collection: __ __:__ __am/pm

2. When did subject last drink something?

__ __/__ __/__ __ __ __:__ __ am/pm

3. When did subject last have caffeine?

__ __/__ __/__ __ __ __:__ __ am/pm

☐ *Check this box if subject does not consume caffeine*

4. When did subject last have something to eat?

__ __/__ __/__ __ __ __:__ __ am/pm

5. Are you taking part in any clinical trial where you take a medication? ☐ Yes ☐ No

If yes, what is the name of study?

CDC estimates the average public reporting burden for this collection of information as 30 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-0041).

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Clifton Road NE, MS D-74, Atlanta, Georgia

HAIR

1. **Hair specimen collected?**

☐ Yes ☐ No

2. If **NO**, provide reason:

☐ Hair too short ☐ Subject declined

3. Does subject color his or her hair?

☐ Yes ☐ No

4. Does subject use perm or straighteners on his or her hair?

☐ Yes ☐ No

NAILS

1. **Nail specimen collected?**

☐ Yes ☐ No

2. If **NO**, provide reason:

☐ Nails too short ☐ Subject declined

3. Does subject use nail polish?

☐ Yes, *date removed* __ __/__ __/__ __

☐ No