

Biorepository Specimen Processing Form

Place Label Here

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

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

URINE

Urine specimen collected?

Yes No (subject declined or unable to void)

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

Date and time input fields

BLOOD Please note subjects are NOT required to fast. am/pm

1. Blood sample collected? Yes No 3. If YES, did subject collect the specimen when he or she first woke up this morning?

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? 3. When did subject last have caffeine?

Date and time input fields for drinking and caffeine

Check this box if subject does not consume caffeine

4. When did subject last have something to eat?

Date and time input field and Yes/No checkboxes

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.

ATSDR 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).

needed, and completing and reviewing the collection of information unless it is necessary to answer any other aspect of this collection of information, Clifton Road NE, MS D-74, Atlanta, Georgia

HAIR	NAILS
<p>1. Hair specimen collected? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. If NO, provide reason: <input type="checkbox"/> Hair too short <input type="checkbox"/> Subject declined</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>3. Does subject color his or her hair? Yes No</p> <p>4. <input type="checkbox"/> Does subj <input type="checkbox"/> use perm or straighteners on his or her hair?</p>	<p>1. Nail specimen collected? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>2. If NO, provide reason: <input type="checkbox"/> Nails too short <input type="checkbox"/> Subject declined</p> <p><input type="checkbox"/></p> <p>3. Does subject use nail polish?</p>

Yes No

Yes, date removed ___/___/___

No