Place Label Here

PLEASE READ:			
Complete this form with the subjectAnswer all applicable questionsQuestions? Call 1-855-874-6912Form ApprovedOMB No. 0923-0041Exp. Date01/31/2023			
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 F rd time ofam/pn			
2. When did subject last drink something? 3. When did subject last have 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?			
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).

HAIR	NAILS	
1. Han specimen conecteu:		
Yes No	1. Nail specimen collected?	
2 16 NO , prjde reason:		
Hair t		
3 pes sut		
Yes No	Ivans too short Subject declined	
4. Does subject use perm or straighteners		
on his or her hair?		
Yes No	3. Does subject use nail polish?	
	Yes, date removed//	
	No	