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. 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

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?

TURN OVER

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HAIR	NAILS
1. **Hair specimen collected?** Yes No 2. If **NO**, provide reason: Hair t 3. Does sub Yes No 4. Does subject use perm or straighteners on his or her hair? Yes No	1. **Nail specimen collected?** Nails too short Subject declined 3. Does subject use nail polish? Yes, *date removed* __ __/__ __/__ __ No