

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 01/31/2023

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?

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