

ICCTG

PROTOCOL #1

Urine Sample Tracking (Administrative)

Patient ID: _____
 Patient Initials: _____
 Clinical Center: _____
 Contact Week: _____
 Date: _____ / _____ / _____
 month day year
 RC ID: _____

(Research Coordinator completed at Baseline 2 and week 24)
(Photocopies of this form with signature must accompany the shipped sample and be sent to the DCC.)

1. Date urine sample was collected: Date: ____ / ____ / ____
month day year
2. Time urine sample was collected: ____ : ____ (Military time)
3. Date urine sample was frozen: Date: ____ / ____ / ____
month day year
4. Time urine sample was frozen: ____ : ____ (Military time)
5. Date urine sample was shipped: Date: ____ / ____ / ____
month day year

Signature: _____ Date: _____

☐ Principal Investigator, or

☐ Research Coordinator