



Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* HALT PKD ID number, clinical center ID, and visit number.

Participant ID: _____ *haltid* Clinical Center: _____ *clinic* Date of Visit: ___/___/___
month *dvm* day *dvd* year *dvy*
visit: _____ Form was not completed *misfm*

24 HOUR URINE CHECKLIST

Form # 37

This form is to be completed in conjunction with Form 16 when samples are collected. Add comments if there were any problems with sample collection. This form will serve as source documentation but will not be entered.

Correct Procedure

Incorrect Procedure

1. Verify collection start/stop times/dates with participant and container label.

IMPORTANT: Complete question #1 on Form 16 (Record start/stop times/dates and total collection volume). If participant was menstruating, add comment below as to beginning/middle/end of period.

2. Verify starting procedure (e.g., discard first void on day one and record the time).

3. Verify that *all* urine was collected, none spilled, forgotten etc.

4. Verify stopping procedure (e.g., 24-hour collection, including first void on day two)

5. Verify that the sample was stored per instructions at all times.

Yes

No

6. Was there anything unusual about the collection period? (circle one)

Comments: _____

HALT PKD staff member completing this form: _____ *cmidnum* Date: ___/___/___
Month *cdm* Day *cdd* Year *cdy*
HALT PKD investigator reviewing this form: _____ Date: ___/___/___
(signature required) Month Day Year

Data Entry Status: Please check to indicate that the above information has been entered

Primary Entered by: _____ *deidnum* Date: ___/___/___
dem Month ded Day dey Year

Secondary Entered by: _____ Date ___/___/___