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	PROTOCOL #7
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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: / / year
2.	Time urine sample was collected:	: (Military time)
3.	Date urine sample was frozen:	Date: / /
4.	Time urine sample was frozen:	: (Military time)
5.	Date urine sample was shipped:	Date: / / / month day year
Si	gnature:	Date:
	□₁ Principal Investigator, or	
	☐ ₂ Research Coordinator	