I C C T G

ICCTG PROTOCOL #1

Urine Sample Tracking Log (Administrative)

Clinical Center: ___
RC ID: ___ ___ ___ ___

(Research Coordinator completed when frozen urine samples are sent to repository.)

Patient I.D. #	**Patient Initials** (first, middle, last)	**Date Sample Obtained**	**Date shipped** (mm / dd / yy)	**Initials of person sending sample/s**
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