

Date: _____

ID#:

(Write your ID in the box above)

Urine Collection Record

Return the completed packet with your urine sample.

Please do not detach or separate these pages. Turn the entire packet in.

UCR

Date _____

URINE COLLECTION RECORD

Please place a check mark next to any of the following items that you consumed during the urine collection period. Then you should estimate how much you consumed. If you had anything to drink or smoked before 9am on the second day, please include it in the total for each item. If, for example, you had ten cigarettes before bed on day 1 and two the next morning (before 9am), you should check "cigarettes" and enter "12".

Caffeinated Drinks:

Coffee _____ # of regular cups
 Tea _____ # of regular cups
 Soft drinks _____ # of 12 oz glasses,
 bottles, or cans
 Hot chocolate _____ # of regular cups

None of the above

Decaffeinated Drinks:

Coffee _____ # of regular cups
 Tea _____ # of regular cups
 Soft drinks _____ # of 12 oz glasses,
 bottles, or cans
 Hot chocolate _____ # of regular cups

None of the above

Alcohol:

Wine _____ # 4 oz glasses
 Beer _____ # of 12 oz glasses,
 bottles, or cans
 Sherry _____ # 4 oz glasses
 Liquor _____ # 1 oz liquor

None of the above

Tobacco:

Cigarettes _____ # of cigarettes
 Cigars _____ # of cigars
 Other tobacco products?
 (explain) _____

None of the above

Please note any comments or problems: _____

!PLEASE NOTE DATE AND TIME OF ANY MISSED SAMPLES!

UCR

Date _____

URINE COLLECTION RECORD—Day 0 Morning

Please place a check mark next to any of the following items that you consumed SINCE YOU STARTED COLLECTING YOUR URINE YESTERDAY. For each item that you check, estimate how much you consumed and record your response in the appropriate space.

Caffeinated Drinks:

Decaffeinated Drinks:

Coffee _____ # of regular cups

Coffee _____ # of regular cups

Tea _____ # of regular cups

Tea _____ # of regular cups

Soft drinks _____ # of 12 oz glasses,
bottles, or cans

Soft drinks _____ # of 12 oz glasses,
bottles, or cans

Hot chocolate _____ # of regular cups

Hot chocolate _____ # of regular cups

None of the above

None of the above

Alcohol:

Tobacco:

Wine _____ # 4 oz glasses

Cigarettes _____ # of cigarettes

Beer _____ # of 12 oz glasses,
bottles, or cans

Cigars _____ # of cigars

Sherry _____ # 4 oz glasses

Other tobacco products?

Liquor _____ # 1 oz liquor

(explain) _____

None of the above

None of the above

Please note any comments or problems: _____

!PLEASE NOTE DATE AND TIME OF ANY MISSED SAMPLES!