Instructions for Return of 24-Hour Urine Form
RU1 Version A, 10/26/2000
QxQ Date 02/21/2001

I. GENERAL INSTRUCTIONS

The Return 24-Hour Urine (RU1) form is completed during the participant’s baseline clinic visit to document the schedule for pick-up/delivery of the urine specimen collected by the participant for 24 hours following the baseline clinic visit. If the first 24-hour urine specimen is to be collected from the participant, this form is given to the Sample Coordinator as part of the 24-hour sample collection procedures. If the participant is to return the first 24-hour urine specimen to the clinic, the form is kept in the participant file and the clinic receptionist is notified of the anticipated delivery. The technician must be certified with training in the procedures for 24-hour urine. The technician should have a working knowledge of Manual 7: Specimen Collection and Processing. The technician should be familiar with the data entry procedures for electronic form versions and understand the document titled “General Instructions for Completing Paper Forms” prior to completing this form. ID Number, Contact Year and Name should be completed as described in that document.

II. SPECIFIC INSTRUCTIONS

1. Enter the lab ID number on the specimen collection bottle. Check to ensure that it matches the number entered on the Pre-24 Hour Urine Collection (URN) form. Enter the number from the bottle itself, not from the URN.

2. Indicate the place for pick-up/delivery of the first 24-hour urine specimen (clinic, home, office or other). If “Other,” specify the place in the notes boxes provided in Item 2b.

3. Specify the street address, city, state and zip code for the place where the first 24-hour urine specimen will be picked up/delivered.

4. Enter the month, day and year for the scheduled pick-up/delivery appointment for the first 24-hour urine specimen in 4a. Enter the time in hours and minutes, circling AM or PM, for the scheduled pick-up/delivery in 4b.

5. Circle the day of the week for the scheduled pick-up/delivery.

ADMINISTRATIVE INFORMATION

6. Enter the date of the data collection, that is the date the form was completed—NOT the date scheduled for the pick-up/delivery.

7. Enter the 3-digit JHS code of the person in the clinic completing this form.