
FORM:	101 - URINE COLLECTION AND PROCESSING
Version:	2 - July 8, 1994
Description:	Completed by certified CC Clinical staff, 1-page form; key-entered at CC.
When used:	At the three bone densitometry CCs for urine collection.
Purpose:	To assign a urine sample number, document conditions of collection and processing, and identify urine aliquots.

GENERAL INSTRUCTIONS

1. Include form in the SV1 and appropriate annual visits form packets.
2. At the visit affix the participant label to the form at the time the urine is collected.
3. Complete the Urine Collection portion of the form when you collect the urine sample. See *Volume 2 - Procedures, Section 11.5. - Urine Collection* for details of the urine collection and handling.
4. Bring the urine container, form, and remaining urine sample labels to the blood processing area.
5. Complete the Urine Processing portion of the form.
6. Review the form for completeness.
7. Data Entry: Review the form for completeness and return to responsible clinical staff with any problems. Key-enter the form. Use the scan gun (not the key pad) to enter the participant ID and urine sample number. Initial the form after key-entry.
8. File the key-entered form in the participant's file.

Item Instructions

1. **Date Collected** The date the participant collected the urine sample.
2. **Collected by** Standard 3-digit WHI staff ID of CC staff person completing the collection portion of the form. (See common data items.)
3. **Contact Type** Type of contact. (See common data items.)
4. **Visit Type** Mark the appropriate box. Write in the visit number as needed. (See common data items.)
5. **Time Collected** Time the participant collected the urine sample. Use the time from a 12-hour clock (not a 24-hour clock) and mark the appropriate box for AM or PM.
6. **WHI urine sample number** Unique 7-digit urine sample number from the urine sample label set you used to collect the urine. During urine collection, attach the urine sample label printed "form" in the indicated box on the form.

Data Entry: Scan the barcode on the urine sample number label rather than key-entering it.
7. **Processed by** Standard 3-digit WHI employee ID of person processing the urine sample.
8. **Time Centrifuged** Time you started centrifuging the urine collection tubes. Use the time from a 12-hour clock (not a 24-hour clock) and mark the appropriate box for AM or PM.
9. **Time placed in aliquot vials** The time you put the urine in the cryovials. Use the time from a 12-hour clock (not a 24-hour clock) and mark the appropriate box for AM or PM.
10. **Time placed samples in freezer:** The time you put the cryovials to be sent to Ogden in the freezer. Use the time from a 12-hour clock and mark the appropriate box for AM or PM.
11. **Aliquot number:** The number of the cryovial, indicating type of aliquot.

Cryovial Number	Specimen	Size	Cryovial Cap Color
17	urine	1.8 ml.	green
18	urine	1.8 ml.	green
19	urine	1.8 ml.	green
12. **Sample aliquotted:** Mark the box if you processed a cryovial for the indicated cryovial number.

Data Entry: Key-enter the cryovial number printed on the form in Item 11.1 - Cryovial Number if the corresponding box in Item 11.2 is marked.