QUARTERLY URINE MONITOR REPORT
(Please Print Clearly)

Urine Monitor Name: _________________________________ CPH Participant Number: __________________

CPH Assistant Director: ___________________

REPORTING PERIOD: (Please CHECK)

____ 1st Quarter (January – March) – Due March 31
____ 2nd Quarter (April – June) – Due June 30
____ 3rd Quarter (July – September) – Due September 30
____ 4th Quarter (October – December) – Due December 31

1. Please list any additional testing (fentanyl, breathalyzer, etc…)
________________________________________________________________________
________________________________________________________________________

2. Number of random urine screens required by CPH: _______ ________
   Weekday       Weekend

3. Number of random urine screens collected/ordered by you: _______ ________

4. Please indicate medication(s) taken by participant (if applicable):
   _____________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

5. Did participant miss any screens? (If yes, please explain in comment section below.)
   ( ) Yes   ( ) No

6. Did this participant respond within EIGHT hours of call for urine specimen collection?
   ( ) Yes   ( ) No

7. Did you directly observe urine specimen collection?
   ( ) Yes   ( ) No

8. Would you like CPH to call you about this individual?
   ( ) Yes   ( ) No

Please comment on participant’s compliance regarding urine monitoring. Indicate any concerns that you may have and/or any recommendations.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please complete urine calendar on back by circling the dates screens were collected.

*My signature verifies that I have directly observed all urine specimen collections for the above mentioned participant:

Monitor Signature ______________________  Date ___________  E-Mail Address ____________________

Revised: 1/15/2015
Please list the testing date and requisition number (which is located in box #3 on the chain of custody form) for each sample collected.

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<tr>
<th>Date</th>
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2018 Calendar:

- **January '18**
  - Su: 1, M: 2, Tu: 3, W: 4, Th: 5, F: 6, Sa: 7
  - 8, 9, 10, 11, 12, 13, 14
  - 14, 15, 16, 17, 18, 19, 20
  - 21, 22, 23, 24, 25, 26, 27
  - 28, 29, 30, 31

- **February '18**
  - Su: 1, M: 2, Tu: 3, W: 4, Th: 5, F: 6, Sa: 7
  - 4, 5, 6, 7, 8, 9, 10
  - 11, 12, 13, 14, 15, 16, 17
  - 18, 19, 20, 21, 22, 23, 24

- **March '18**
  - Su: 1, M: 2, Tu: 3, W: 4, Th: 5, F: 6, Sa: 7
  - 4, 5, 6, 7, 8, 9, 10
  - 11, 12, 13, 14, 15, 16, 17

- **April '18**
  - Su: 1, M: 2, Tu: 3, W: 4, Th: 5, F: 6, Sa: 7
  - 3, 4, 5, 6, 7, 8, 9

- **May '18**
  - Su: 1, M: 2, Tu: 3, W: 4, Th: 5, F: 6, Sa: 7
  - 6, 7, 8, 9, 10, 11, 12

- **June '18**
  - Su: 1, M: 2, Tu: 3, W: 4, Th: 5, F: 6, Sa: 7
  - 1, 2, 3, 4, 5, 6, 7