

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**

____ 3rd Quarter (July – September) – **Due September 30**

____ 2nd Quarter (April – June) – **Due June 30**

____ 4th Quarter (October – December) – **Due December 31**

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

	<u>Weekday</u>	<u>Weekend</u>
2. Number of random urine screens required by CPH:	_____	_____

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

