**COMMITTEE FOR PHYSICIAN HEALTH-MEDICAL SOCIETY OF THE STATE OF NEW YORK 99 WASHINGTON AVENUE, SUITE 410 ALBANY, NEW YORK 12210**

**(518) 436-4723** - **(800) 338-1833** - **Fax: (518) 436-7943**

**Downloadable forms at** [**www.cphny.org**](http://www.cphny.org/)(select "Forms")

**QUARTERLY URINE MONITOR REPORT**

(Please Print Clearly)

Urine Monitor Name: ---------------

**REPORTING PERIOD: (Please CHECK)**

CPH Participant Number: \_ CPH Assistant Director:

 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... )

|  |  |  |
| --- | --- | --- |
|  | Weekday | Weekend |
| 2. Number of random urine screens required by CPH: |   |   |
| 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



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