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 (select "Forms")

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…)

_____

_____

	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

Please list the testing date and requisition number (located in box # 3 on the chain of custody form) for each sample collected.

Date	Requisition Number

Date	Requisition Number

2025

January

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

July

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			