

**QUARTERLY URINE MONITOR REPORT**

(Please Print Clearly)

Urine Monitor Name: \_\_\_\_\_ CPH Participant Number: \_\_\_\_\_

CPH Assistant Director: \_\_\_\_\_

**REPORTING PERIOD: (Please CHECK)**

\_\_\_\_ 1<sup>st</sup> Quarter (January – March) – **Due March 31**

\_\_\_\_ 3<sup>rd</sup> Quarter (July – September) – **Due September 30**

\_\_\_\_ 2<sup>nd</sup> Quarter (April – June) – **Due June 30**

\_\_\_\_ 4<sup>th</sup> 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

Revised: 1/15/2015

