1. Was urine sample collected?
   - 1️⃣ YES → Skip to #2
   - 0️⃣ NO

   Why was urine sample not taken?
   - 1️⃣ Participant unable to void
   - 2️⃣ Refused
   - 3️⃣ Other:

2. What time was urine collection taken?
   - [HH]:[MM] M

3. Time of last urination (prior to this collection)
   - [HH]:[MM] M

4. Has participant been selected as a quality control subject? (Participant ID ends in 4 and sixth digit is 0, 1, 2, 3, or 4)
   - 0️⃣ NO
   - 1️⃣ YES
   - 2️⃣ YES, but not enough urine for QC

Technician ID: [ID]
Reviewer ID: [ID]
Data Entry ID: [ID]