NIDA IMMUNOLOGY/VIROLOGY SUBSTUDY

FORM NV07: URINE TOXICOLOGY

ID LABEL HERE ---> |__| - |__|__| - |__|__|__|__| - |__|

VISIT #: ___ ___

FORM COMPLETED BY: ___ ___ ___

VERSION DATE: **10/01/98**

ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.

A1. SPECIMEN DATE: ___ ___ / ___ ___ / ___ ___
M D Y

A2. WERE YOU ABLE TO ANALYZE SPECIMEN?

YES .....1 **(A3)**
NO 2

a. IF NO, REASON:

_____ **(END)**
(SPECIFY)

A3. COCAINE:

POSITIVE 1
NEGATIVE 2
UNDETERMINED 3
NOT DONE 4

A4. OPIATES:

POSITIVE 1
NEGATIVE 2
UNDETERMINED 3
NOT DONE 4

A5. URINE CREATININE:

NORMAL 1
ABNORMAL 2
UNDETERMINED 3
NOT DONE 4