NIDA IMMUNOLOGY/VIROLOGY SUBSTUDY

FORM NV07: URINE TOXICOLOGY

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

VISIT #: ___ ___

FORM COMPLETED BY: ___ ___ ___

VERSION DATE: **11/15/97**

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

A1. WERE YOU ABLE TO ANALYZE SPECIMEN?

YES .....1 **(A2)**

NO 2

a. IF NO, REASON:

_____ **(END)**

(SPECIFY)

A2. SPECIMEN DATE: ___ ___ / ___ ___ / ___ ___

M D Y

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