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](http://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** \_\_\_\_3rd Quarter (July – September) – **Due September 30**

\_\_\_\_2nd Quarter (April – June) – **Due June 30**  \_\_\_\_4th Quarter (October – December) – **Due December 31**

1. Please list any additional testing (fentanyl, breathalyzer, etc…)

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Weekday Weekend

2. Number of random urine screens required by CPH: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

3. Number of random urine screens collected/ordered by you: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

1. Please indicate medication(s) taken by participant (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Did participant miss any screens? (If yes, please explain in comment section below.) ( ) Yes ( ) No

1. Did this participant respond within **EIGHT** hours of call for urine specimen collection? ( ) Yes ( ) No
2. Did you directly observe urine specimen collection? ( ) Yes ( ) No
3. 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.

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**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 (which is located in box #3 on the chain of custody form) for each sample collected.

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| Date | Requisition Number |
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| Date | Requisition Number |
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| **2023** | | | | | | | | | | | | | | | | | | | | | | | |
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| **January '23** | | | | | | |  | **February '23** | | | | | | |  | **March '23** | | | | | | | |
| Su | M | Tu | W | Th | F | Sa |  | Su | M | Tu | W | Th | F | Sa |  | Su | M | Tu | W | Th | F | Sa |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |  |  |  | 1 | 2 | 3 | 4 |  |  |  |  | 1 | 2 | 3 | 4 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |  | 5 | 6 | 7 | 8 | 9 | 10 | 11 |  | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |  | 12 | 13 | 14 | 15 | 16 | 17 | 18 |  | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |  | 19 | 20 | 21 | 22 | 23 | 24 | 25 |  | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 29 | 30 | 31 |  |  |  |  |  | 26 | 27 | 28 |  |  |  |  |  | 26 | 27 | 28 | 29 | 30 | 31 |  |
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| **April '23** | | | | | | |  | **May '23** | | | | | | |  | **June '23** | | | | | | | |
| Su | M | Tu | W | Th | F | Sa |  | Su | M | Tu | W | Th | F | Sa |  | Su | M | Tu | W | Th | F | Sa |
|  |  |  |  |  |  | 1 |  |  | 1 | 2 | 3 | 4 | 5 | 6 |  |  |  |  |  | 1 | 2 | 3 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |  | 7 | 8 | 9 | 10 | 11 | 12 | 13 |  | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |  | 14 | 15 | 16 | 17 | 18 | 19 | 20 |  | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |  | 21 | 22 | 23 | 24 | 25 | 26 | 27 |  | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |  | 28 | 29 | 30 | 31 |  |  |  |  | 25 | 26 | 27 | 28 | 29 | 30 |  |
| 30 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **July '23** | | | | | | |  | **August '23** | | | | | | |  | **September '23** | | | | | | | |
| Su | M | Tu | W | Th | F | Sa |  | Su | M | Tu | W | Th | F | Sa |  | Su | M | Tu | W | Th | F | Sa |
|  |  |  |  |  |  | 1 |  |  |  | 1 | 2 | 3 | 4 | 5 |  |  |  |  |  |  | 1 | 2 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |  | 6 | 7 | 8 | 9 | 10 | 11 | 12 |  | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |  | 13 | 14 | 15 | 16 | 17 | 18 | 19 |  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |  | 20 | 21 | 22 | 23 | 24 | 25 | 26 |  | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |  | 27 | 28 | 29 | 30 | 31 |  |  |  | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
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| **October '23** | | | | | | |  | **November '23** | | | | | | |  | **December '23** | | | | | | | |
| Su | M | Tu | W | Th | F | Sa |  | Su | M | Tu | W | Th | F | Sa |  | Su | M | Tu | W | Th | F | Sa |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |  |  |  | 1 | 2 | 3 | 4 |  |  |  |  |  |  | 1 | 2 |
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| 15 | 16 | 17 | 18 | 19 | 20 | 21 |  | 12 | 13 | 14 | 15 | 16 | 17 | 18 |  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |  | 19 | 20 | 21 | 22 | 23 | 24 | 25 |  | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 29 | 30 | 31 |  |  |  |  |  | 26 | 27 | 28 | 29 | 30 |  |  |  | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [42] | 31 |  |  |  |  |  |  |