

Shy Bladder Log

Date: _____ Collector Name: _____

Donor Name: _____

Time of initial Urine Drug Screen Collection: _____ - Shy Bladder time interval **begins** (this is after the donor comes out of the restroom with an insufficient amount of urine in the specimen cup).

1. Ensure you tell the donor they did not supply a sufficient amount of urine. Tell the donor they have up to 3 hours from the time of the initial collection to provide **45 ml** of urine (show them the required amount on the specimen cup).
2. Instruct the donor to only drink the water you provide (for tracking purposes) and tell the donor they can drink up to **40 Ounces (oz)** and no more. They should try to do so reasonably distributed through a period of up to three hours or until the donor provides a specimen.
3. Instruct the donor to stay in your presence.
4. We encourage you to ensure the donor knows what happens if they refuse to provide an ample sample, cooperate or leave the collection site before providing a sufficient sample.
5. Please note the amount of urine the donor provided in the space below under result (ensuring 0 if donor did not provide any sample upon their first attempt).
6. Please discard the insufficient specimen (EXCEPT where the insufficient specimen was out of temperature range or showed evidence of adulteration or tampering. If this occurs, you must immediately conduct a new urine collection using direct observation procedures.

Initial time plus 3 hours: _____ - Shy Bladder time interval **ends**.

Collector Reminders – you or a collection site employee must monitor the donor during the three-hour period or until an appropriate specimen is provided by the donor, whichever comes first. All fluids provided and collection attempts must be documented. Please be prepared to stay the full three hours even if that extends beyond your scheduled departure time.

Remember: A donors refusal to drink fluids is NOT a Refusal to test. Remember to document the FACTS.

Amount of Fluids in Ounces (oz.)	Time Provided	Initials	Donors Attempt #	Time Donor Made the Attempt	Result (QNS – Quantity Not Sufficient)	Initials

Remarks: _____

Final status of the collection (Complete one of the following):

STATUS	TIME
1. The donor provided a sufficient specimen at	
OR	
2. The donor could NOT provide a sufficient specimen. The Collector notifies the DER and makes a note in the remarks section of the CCF as well as documents the conversation with the DER.	

Donor Signature: _____ (Attach to Collector Copy of CCF)

*Please note this is for a DOT or HHS Urine Drug Screen, you can utilize this form to track a Non-Regulated Urine Drug Screen but you must follow the company protocols of that donor (for example it could be a single vial and only require 30 ml of urine, etc.)