

# Shy Bladder Log

---

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Donor Name \_\_\_\_\_

Time of Initial Collection \_\_\_\_\_ (Shy Bladder time interval begins)

Initial Time plus 3 hours \_\_\_\_\_ (Shy Bladder time ends)

**NOTE: A refusal to drink fluids is not a refusal to test. Make a remark in the comments section below and proceed with the collection.**

Attempt	Time	Amount provided	Initial
1			
2			
3			
4			
5			

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Final Status of Collection** (Complete one of the following):

Status	Time
The Donor provided the specimen.	
OR	
The Collector informs the donor and DER of the shy bladder expiration. The Collector also informs the DER that the MRO will be notified as to the need for an employee medical evaluation.	

Collector Name \_\_\_\_\_ Signature \_\_\_\_\_