

DATA SHEET

1. Urine obtained from:

First Name _____ Last Name _____

2. Birthdate: Year _____ Month _____ Day _____

3. Diagnosis (if known, check one):

Hurler syndrome

Hurler-Scheie syndrome

Scheie syndrome

Hunter syndrome; circle if known: A B

Sanfilippo syndrome; circle type if known: A B C D

Morquio syndrome; circle type if known: A B C

Maroteaux-Lamy syndrome

Sly syndrome

Other (please specify: _____)

4. Person(s) who collected the urine specimen.

Name(s): _____

Mailing address: _____

Street address _____

City, state, zip code _____

5. Method(s) used for urine collection:

	Collection Time	Collection Date	Collection Method (circle one)	Medications during Previous 24 hours
Filter paper A	_____	_____	1 2 3	_____
Filter paper B	_____	_____	1 2 3	_____
Filter paper C	_____	_____	1 2 3	_____

6. Please comment about any problems you may have had with Instruction Sheet, Data Sheet, or any part of the urine collection procedure: