

VA COOPERATIVE STUDY #578

Participant ID: _____ - _____

**SOURCE DOCUMENT WORKSHEET FOR
FORM 13: POST PROCEDURE URINE pH**

To be completed by study personnel who will obtain a urine specimen on the participant within four hours of the end of their angiography. Once completed, this data should be entered into eDC and this form should be filed in the Participant's Study Binder.

1. Was a study related urine sample collected for post-procedure pH testing? **PostUrinePerf**

Yes (If yes, answer Q2-Q4) **1**

No (If no, complete a protocol deviation form if needed.) **2**

Blank: -1

2. Date urine collected: ____/____/____ **PostUrineDate**

3. Were study IV fluids being administered at the time of urine collection? **TimeUrine**

Yes **1**

No **2**

Blank: -1

4. Urine pH value: _____ **UrinepH**

5. Date form completed: _____ **F13Complete** _____

Signature of person completing the form: _____