



Genetics of Kidneys in Diabetes Study

Historical Urine Value for Control Probands

This form should be completed for any proband seen at a GoKinD clinic that is believed to be an eligible control and has a historical urine value. Send original (white) copy to the GoKinD Coordinating Center and retain yellow copy of this form at the clinic.

A. IDENTIFYING INFORMATION

1. Clinic Number **Clinic**

2. Family ID Number **Family**

3. Proband/Relative Code **Relcode**

4. Proband/Relative's Initials **Relinit**

5. Date Form Completed / / **Blformdt**

Month Day Year

B. URINE SCREENING TESTS*

1. Date of Reading / / **Blreaddt**

Month Day Year

2. ACR Value

	No	Yes	
a) Timed Urine < 30 ug/min (< 40 mg/24 hr) in past 12 months	(1)	(2)	Blacr2a
b) Overnight collection < 30 ug/min in past 12 months	(1)	(2)	Blacr2b
c) Total urinary protein < 230 mg/24 hr in past 12 months	(1)	(2)	Blacr2c
d) Dipstick (Albustix or Multistix) negative trace in past 12 months	(1)	(2)	Blacr2d

* Please note that use of historical information for the initial urine screen (UScr1) is allowed if the ACR value in the past 12 months is less than 40 ug albumin/mg urine creatinine.

Signature of person who completed this form:

Certification Number (if any)

Blcert

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