

C\_CBL\_RESULT-URINE

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION  
AASK COHORT STUDY  
CENTRAL BIOCHEMISTRY LAB URINE DATA FORM # 125

This form is completed and key entered by the staff of the CBL. The data on this form are used to generate Report 193.

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1. Identification Number.....

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2. Name Code.....

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3. Visit Number...

- 4. Date urine collection started (mm/dd/yyyy) .....            /            /            <sup>START- DT</sup>
- 5. Date urine received (mm/dd/yyyy) .....            /            /            <sup>REC V- DT</sup>
- 6. Date urine assayed (mm/dd/yyyy) .....            /            /            <sup>ASSAY- DT</sup>

Analysis for 24-hour urine collection (central analysis):

- 7. U. Protein (mg/dL) .....            <sup>UP</sup>
- 8. U. Sodium (mmol/L) .....            <sup>UNA</sup>
- 9. U. Potassium (mmol/L) .....            <sup>UK</sup>
- 10. U. Creatinine (mg/dL) .....            <sup>UCR</sup>
- 11. U. Urea Nitrogen (mg/dL) .....            <sup>UUN</sup>
- 12. U. Albumin (mg/dL) .....            <sup>UAL</sup>

- 200. Date this form completed (mm/dd/yyyy) .....            /            /            <sup>COMPL- DT</sup>
- 201. Certification ID of person completing this form .....            <sup>COMPL- BY</sup>