

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION  
AASK COHORT STUDY  
AMBULATORY BLOOD PRESSURE MONITOR CALIBRATION FORM # 172**

The ambulatory blood pressure monitor (ABPM) should be calibrated once each year against an aneroid sphygmomanometer or full size mercury sphygmomanometer according to the instructions outlined in Section 13.7.2 of the MOP. This form is completed for each ambulatory blood pressure monitor at each clinical center once each year.

- 1. Clinical Center Number .....
- 2. Serial number of monitor being calibrated .....  
(Complete a Form 172 for each ABPM device used at your center.)
- 3. Date of calibration (mm/dd/yyyy) ..... / /
- 4. a. Tech ID that is performing the calibration .....  
**If calibration was done centrally, skip Q4a and complete Q4b.**
- b. Site where central calibration was done .....  
        1 = Sent to Center #2 (Emory)  
        2 = Sent to Center #5 (Johns Hopkins)  
        3 = Sent to Center #12 (OSU)

Instructions for performing the calibration can be found in Section 13.7.2 and on pages 13.20 and 13.21 of the MOP. Please make sure that the sphygmomanometer used for calibrating the ABPM has been recently calibrated.

- 5. Type of sphygmomanometer used for calibration .....  
    1=Aneroid sphygmomanometer  
    2=Full size mercury sphygmomanometer
- 6. Were the monitor readings within 3 millimeters of the sphygmomanometer readings? (0=no, 1=yes) .....

**IMPORTANT:** If the monitor reading is not within 3 millimeters of the sphygmomanometer, the monitor should be returned to SpaceLabs for calibration.

- 7. If Q6 is answered 0=no, what date was the ABPM device mailed to SpaceLabs? (mm/dd/yyyy) ..... / /
- 200. Date this form completed (mm/dd/yyyy) ..... / /
- 201. Certification ID of person completing this form .....

**For Clinical Center Use Only:**

**Certification ID of person entering this form:** \_\_\_\_\_

**Date Entered:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_