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AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
BLOOD PRESSURE ANEROID CALIBRATION FORM # 109

The Tycos Classic Hand Aneroid device should be calibrated once every six months against a mercury sphygmomanometer. This form is completed for each Tycos Classic Hand Aneroid device at your center once every six months.

1. Clinical Center Number ..... CC_N

2. Device number being calibrated ..... Device_num
(Complete a Form 109 for each Tycos Classic Hand Aneroid at your center.)

3. Date of calibration (mm/dd/yyyy) ..... __/__/ Calibrate_dt

4. Site where calibration was performed ..... perform_site
1=Same center (identified in question 1)
2=Sent to Center #2 (Emory)
3=Sent to Center #5 (Johns Hopkins)
4=Sent to Welch Allyn Medical Division
5=Sent to Center #12 (OSU)

5. Tech ID that is performing the calibration ..... tech_ID

6. At which levels did you successfully check the calibration of the aneroid device to within ±4 mmHg of the mercury sphygmomanometer (based on the average of two readings)? (0=no, 1=yes for each level.)

   a. 250 mmHg ..... mmHG_250

   b. 160 mmHg ..... mmHG_160

   c. 70 mmHg ..... mmHG_70

IMPORTANT: If at any of these three levels you could not check the calibration of the aneroid device to within ±4 mmHg of the mercury sphygmomanometer (based on the average of two readings), you MUST return the aneroid device to Welch Allyn Medical Division following the instructions in Chapter 6 of the AASK Cohort Study Manual of Operations.

7. If 6 a, b, or c is answered 0=no, what date was the aneroid device mailed to Welch Allyn Medical Division? (mm/dd/yyyy) ..... __/__/ MAIL_DT

200. Date this form completed (mm/dd/yyyy) ..... __/__/ COMPL_DT

201. Certification ID of person reviewing this form ..... COMPL_BY

For Clinical Center Use Only:

Certification ID of person entering this form: _____

Date Entered: __/__/____