

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
CBL URINE MAILING FORM # 123

Please enter this form by the end of the day you express mail the samples to the lab. This form should be completed at baseline and annually.

Grid for Identification Number...

1. Identification Number...

Grid for Name Code...

2. Name Code...

Grid for Visit Number...

3. Visit Number...

Urine Sample Collection Details:

- 4. Date sample collection began (mm/dd/yyyy) ... START-DT
5. Time sample collection began (24-hour clock) ... START-TM
6. Total volume in ml of 24-hour urine (enter 0 if not done and skip to #200) ... VOLUME
7. Confirm: The patient did not take any drugs that interfere with creatinine excretion, such as NSAIDS, in the 2 days (48 hours) prior to initiation of urine collection. (1=confirmed; 2=the patient may have taken a drug that interferes with creatinine excretion) ... CONFIRM
8. Date sample collection ended (mm/dd/yyyy) ... STOP-DT
9. Time sample collection ended (24-hour clock) ... STOP-TM
10. Date an aliquot of urine was sent to the lab (mm/dd/yyyy) ... ALIQUOT-DT

Freezing Status:

- 11. Status of urine prior to shipment ... SHIP-STAT
1=Urine not frozen
2=Urine frozen shortly after aliquoted
3=Urine frozen some other time
12. If frozen, date urine frozen (mm/dd/yyyy) ... FROZ-DT
200. Date this form completed (mm/dd/yyyy) ... COMPL-DT
(The date the form is completed must be greater than or equal to the date the urine collection ended and less than or equal to the date the urine was sent to the lab.)

201. Certification ID of person completing this form ... COMPL-BY

For Clinical Center Use Only:

Certification ID of person entering this form: _____

Date Entered: ____/____/____