Persons using assistive technology may not be able to fully access information in this file. For assistance, e-mail niddk-cr@imsweb.com. Include the Web site and filename in your messa

LOCAL_LAB

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK STUDY
LOCAL LAB RESULTS FORM # 13

1. Identification Number..... 2. Name Code..... 3. Visit Number.....

CBC Results

The CBC is done at SV2, G1, FV0-1, and at annual visits thereafter.

4. Date blood drawn (mm/dd/yyyy) ..... __/__/____ cbc_dt
5. WBC ($x10^3/mm^3$) ..... ___.__ wbc
6. Hematocrit (%) ..... ___.__ hct

LOCAL_LAB

Urinalysis Results

Urinalysis is done at SV2, FV12 and annually thereafter.

7. Date urine collected (mm/dd/yyyy) ..... __/__/____ ua_dt
8. Blood in Urine: (0=negative, 1=Trace or 1+, 2=2+, 3=3+, 4=4+) ..... __ bld_u
9. Protein in Urine: (0=negative, 1=Trace or 1+, 2=2+, 3=3+, 4=4+) ..... __ prot_u
10. Glucose in Urine: (0=negative, 1=Trace or 1+, 2=2+, 3=3+, 4=4+) ..... __ gluc_u
11. WBC per hpf - Number provided by lab.
(enter 0 if none, rare, or occasional, 999 if too numerous to count) ..... __ wbc_hpf
12. RBC per hpf - Number provided by lab.
(enter 0 if none, rare, or occasional, 999 if too numerous to count) ..... __ rbc_hpf

certification

201. Certification ID of person completing this form ..... _____ compl_by
202. Certification ID of person entering this form ..... _____ enter_by

For Clinical Center Use Only

Date Entered __/__/____ **Verified?** _____

3C