

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK STUDY
CENTRAL BIOCHEMISTRY LAB URINE DATA FORM # 19

This form is completed and key entered by the staff of the CBL. The data on this form are used to generate Report 21.

CBL - RESULT - URINE

1. Identification Number.....

2. Name Code.....

3. Visit Number.....

1. Identification Number.....

2. Name Code.....

3. Visit Number.....

CBL - MAILING - URINE

4. Date urine collection started (mm/dd/yyyy) / / start-dt

5. Date urine received (mm/dd/yyyy) / / recv-dt

6. Date urine assayed (mm/dd/yyyy) / / assay-d

CBL - RESULT - URINE

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

7. U. Protein (mg/dL) UP-LT UP

8. U. Sodium (mmol/L) UNa-LT UNa

9. U. Potassium (mmol/L) UK-LT UK

10. U. Creatinine (mg/dL) VCR

11. U. Urea Nitrogen (mg/dL) UN

Certification

201. Certification ID of person completing this form Compl-B_y

202. Certification ID of person entering this form enter-by