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AFRICAN AMERICAN STUDY OF KIDNEY DISEASE
AASK STUDY
CBL SERUM MAILING FORM # 22

Please enter this form by the end of the day you express mail the samples to the lab. Notes: During baseline, SV2 or G1 serum that is hemolyzed must be repeated, since central serum potassium cannot be measured if hemolyzed. The Central Lab staff will use the visit number on this form and Tables 18.1 and 18.2 to determine what to measure.

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

CBL_MAILING_SERUM

Serum Sample Collection Details:

4. Date blood drawn (mm/dd/yyyy) . . . . . __/__/____ BLD_D
   Type of sample:
   a. Protocol visit. Patient within appropriate visit window (0=no, 1=yes) . . . . . __ prot_vis
   b. Potassium action item #8 or #9 recheck (0=no, 1=yes) . . . . . __ AI08_RCH
   c. Serum creatinine action item #12 recheck (0=no, 1=yes) . . . . . __ AI12_RCH
5. Number of tubes of serum sent . . . . . __ N_Tubes
6. How many hours was the participant fasting before the blood was drawn? . . . . __ __ fast_hrs
7. Date serum sent to the lab (mm/dd/yyyy) . . . . . __/__/____ sent_dt

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certification

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

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For Clinical Center Use Only:

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