

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE
AASK STUDY
CBL URINE MAILING FORM # 23

*as of Dec 17, 1999
outside of window
24-hr urines are
allowed.

Please enter this form by the end of the day you express mail the samples to the lab. Notes: During baseline, the urine may be done at SV2 or G1 but must be labelled with a visit number of B1. If the 24-hour urine is collected outside of the scheduled Protocol visit window, the mailing form should still be entered and the urine sample should be sent to the CBL to be analyzed.

--	--	--	--	--	--

1. Identification Number.....

--	--	--	--	--

2. Name Code.....

--	--

3a. Visit Number.....

--	--

--	--

Urine Sample Collection Details:

3b. Type of Urine urine_typ

- 1 = Regularly scheduled 24-hr. urine
- 2 = 24-hr. urine collected outside of visit window
- 3 = Repeat 24-hr. urine after potential protein/creatinine action item for diabetic patients

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 #201) tot_vol

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) drug

8. Date sample collection ended (mm/dd/yyyy) end_dt

9. Time sample collection ended (24-hour clock) end_tm

10. Date an aliquot of urine was sent to the lab (mm/dd/yyyy) .. alig_dt

CBL - MAILING - URINE

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? _____