

GFR - ISLT

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK STUDY
CENTRAL GFR LAB DATA FORM # 25

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1. Identification Number.....

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2. Name Code.....

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3. Visit Number.....

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The following items are key entered at the Central GFR Lab.

GFR - RESULT

- 4. Date of GFR (mm/dd/yyyy) _/ _/ _
- 5. Date Received (mm/dd/yyyy) _/ _/ _ rec-dt
- 6. Date of Assay (mm/dd/yyyy) _/ _/ _ assay-c
- 7. Background Serum Count SC-bck
- 8. Serum Count 0 SC-0
- 9. Serum Count 1 SC-1
- 10. Serum Count 2 SC-2
- 11. Serum Count 3 SC-3
- 12. Serum Count 4 SC-4
- 13. Serum Count 5 SC-5
- 14. Background Urine Count UC-bck
- 15. Urine Count 1 UC-1
- 16. Urine Count 2 UC-2
- 17. Urine Count 3 UC-3
- 18. Urine Count 4 UC-4
- 19. Urine Count 5 UC-5

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? _____

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1. Identification Number.....

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2. Name Code.....

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4. Visit Number.....

Date of GFR: __/__/__

Date Drawn: __/__/__

Date Received: __/__/__

Date of Assay: __/__/__

BSA: _____

PERIOD	ET	UV	SC	UC	GFR	U FLOW
BG						
P0						
P1						
P2						
P3						
P4						
P5						

1 period GFR: _____ % CV: _____ % UF CV: _____

1 period GFR UNADJUSTED: _____

General Comments-1st line _____
