

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK STUDY
QC ID MATCHING FORM # 61

1. Actual Patient's I.D. Number.....

2. Actual Patient's Name Code...

3. Visit Number.....

4. Type of QC
1=CBL serum samp
2=CBL urine sampl
3=GFR sample

5. Date: mm/dd/yyyy.....

date collected
gc alt

6. QC ID Number 9 QC ID-n

7. QC Name Code QC name

- Use the QC Name Code for your center:
- 00=KREAU
 - 01=HUREM
 - 02=DOVEU
 - 03=DIAAL
 - 04=HEATI
 - 05=SELWI
 - 06=GREFR
 - 07=SHEDI
 - 08=MESJE
 - 09=GREMI
 - 10=DEZAN
 - 11=SOUDA
 - 12=HOWDA
 - 13=FADFR
 - 14=BLAJO

- 15=UZEBR
- 16=POTST
- 17=MOLVE
- 18-MAHRO
- 19=GALVI
- 20=DESRI

*Center uses QCID# & QC Namecode when filling out Form 22, 23 or 24.

QC-ID

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? _____

QC all centers on
1) Serum } done
1) Urine } dx per
1) GFR } year

- * CBL or GFR labs never see this form
- * CC sends a Form 22, 23 or 24 with QCID & QC# but these forms are not key entered.
- * Form 61 is key entered by CC.
- * Form 61 is not sent to the lab with specimen.