



Participant ID: _____

Participant Initials: _____

Clinical Center: _____

Site: _____

Visit Number: _____

CRF Date: _____

RC ID: _____

SCREENING LABORATORY RESULTS

Blood Collection:

1. Source of serum creatinine result: ₁ Medical Records
₂ Blood drawn at screening visit

Note: Medical record is defined as a clinical value collected no more than 90 days prior to screening visit.

2. Date of Result/Blood draw: _____ / _____ / _____
MM DD YYYY

3. Serum creatinine value (*Site-based laboratory results*): _____ . _____ mg/dL

Skip to Question #8 if source of serum creatinine is from "Medical Records". Continue to Question #4 if source of serum creatinine is "Blood drawn at screening visit".

4. Time of blood draw: _____ : _____ (military time)

5. Institution Laboratory Code: _____

6. Is this a non-fasting blood sample? ₁ Yes ₀ No

7. Blood sample reserved for Central Laboratory? ₁ Yes ₀ No

Urine Collection:

8. Date of spot urine test: _____ / _____ / _____
MM DD YYYY

9. Results of spot urine test:

- a. Glucose: ₁ Positive
₀ Negative
₉₇ Not Done

- b. Protein: ₀ Negative
₁ Trace
₂ 1+
₃ 2+
₄ 3+
₅ 4+

- c. Hematuria: ₁ Positive
₀ Negative
₉₇ Not Done