



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

SCREENING LABORATORY RESULTS

All participants:

1. Date of blood draw: _____ / _____ / _____
MM DD YYYY
2. Time of blood draw: _____ : _____ (military time)
3. Institution Laboratory Code: _____
4. Is this a non-fasting blood sample? ₁ Yes ₀ No
5. Serum creatinine sample reserved for Central Laboratory? ₁ Yes ₀ No
6. Serum creatinine value (*Site-based laboratory results*): _____ . _____ mg/dL
7. Serum glucose value (*Site-based laboratory results*): _____ mg/dL
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All participants:

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: ₁ Positive
₀ Negative
₉₇ Not Done
- c. Hematuria: ₁ Positive
₀ Negative
₉₇ Not Done
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For females of child-bearing potential:

10. Urine β -HCG test: ₁ Positive
(Check "Not Done" for males or post-menopausal females) ₀ Negative
₉₇ Not Done