



Attention - DO NOT enter patient data on this form if the header does not contain preprinted CRISP ID number, clinical center ID, and visit number.

Participant ID: _____ *pkdid*

Clinical Center: _____ *pccn*

visit:

GFR Reporting Form

This form is to be completed upon receipt of the GFR Mayo lab report.

Refused Original Repeat 1 Repeat 2 *redo*

| | | | | | | | | | | |
|--|---------------------------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| 1. Date of Visit (when sample was collected): <i>dvdate</i> | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. Date Sample was received at Mayo lab: <i>srdate</i> | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Test requested: Short Renal Clearance | | | | | | | | | | |
| 3. Uncorrected Iothalamate Clearance: <i>uic</i> | _____ ml/min | | | | | | | | | |
| 4. Corrected Iothalamate Clearance: <i>cic</i> | _____ ml/min/SA(1.73 m ²) | | | | | | | | | |

CRISP Member completing this form _____ *cdidnum*

Date Form Completed __/__/____ *cddate*

Data Entry Status: Please check to indicate that the above information has been entered

Primary Entered by: _____ Date: __/__/____ *deidnum deidate*

Secondary Entered by: _____ Date __/__/____