



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 Collection Form

This form is to be completed upon sending the GFR Testing materials to Mayo. Can be partially completed from the Patient Requisition Form provided by the Mayo Lab.

<input type="checkbox"/> Original	<input type="checkbox"/> Repeat 1	<input type="checkbox"/> Repeat 2 <i>redo</i>
<input type="checkbox"/> Participant refused		
Date of visit (when sample was collected): <i>dvdate</i>		
[ ] [ ]	/	[ ] [ ] / [ ] [ ] [ ] [ ]
Please enter appropriate units:		
1. Weight: _____ kg <i>weight</i>	Height: _____ cm <i>height</i>	
2. Initial Urine Collection Time (Uo): <i>uotime</i>	__ __ : __ __ (24 hour)	
3. Iothalamate Injection Time: <i>itime</i>	__ __ : __ __ (24 hour)	
4. Equilibrium Urine Collection Time (Ue): <i>uetime</i>	__ __ : __ __ (24 hour)	
<i>ureval</i>	Average Residual volume _____ (<20ml or 10% of voided volume, no greater than 50 ml)	
5. Plasma Collection Time (P1): <i>p1time</i>	__ __ : __ __ (24 hour)	
6. GFR Testing Urine Collection Time(U1): <i>u1time</i>	__ __ : __ __ (24 hour)	
<i>uervol</i>	Average Residual volume _____ (<20ml or 10% of voided volume, no greater than 50 ml)	
7. Plasma Collection Time (P2): <i>p2time</i>	__ __ : __ __ (24 hour)	
8. U1 Collection Volume: <i>u1cvol</i>	_____ mls	
9. Date Sample sent to Mayo lab: <i>ssdate</i>	[ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]	

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: \_\_ / \_\_ / \_\_ \_\_ \_\_ \_\_ *dedate*

Secondary Entered by: \_\_\_\_\_ Date \_\_ / \_\_ / \_\_ \_\_ \_\_ \_\_