



GFR Collection Form



Missing Codes: A-Participant refused B-Reading not possible C-Investigator forgot
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Use Missing Codes to indicate reason for absent information.

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.

- Date of Visit (when sample was collected):** _____ / _____ / _____ **DVDATE**
Month Day Year
- Please circle appropriate units:**
 Weight: _____ **WEIGHT** _____ kg _____ pounds **LBKG** Height: _____ **HEIGHT** _____ cm _____ inches **INCHCM**
- Initial Urine Collection Time (Uo):** _____ : _____ (24 hour) **UOTIME**
- Iothalamate Injection Time:** _____ : _____ (24 hour) **IITIME**
- Equilibrium Urine Collection Time (Ue):** _____ : _____ (24 hour) **UETIME**
 Average Residual volume **UERVOL** (<20ml or 10% of voided volume, no greater than 50 ml)
- Plasma Collection Time (P1):** _____ : _____ (24 hour) **P1TIME**
- GFR Testing Urine Collection Time (U1):** _____ : _____ (24 hour) **U1TIME**
 Average Residual volume **U1RVOL** (<20ml or 10% of voided volume, no greater than 50ml)
- Plasma Collection Time (P2):** _____ : _____ (24 hour) **P2TIME**
- U1 Collection Volume:** _____ mls **U1CVOL**
- Date Sample sent to Mayo lab:** _____ / _____ / _____ **SSDATE**
Month Day Year

CRISP Member completing this form _____ **CMIDNUM** Date form completed: _____ / _____ / _____ **CDDATE**
Month Day Year

Contents of form reviewed by Principal Investigator (required signature): _____

Date Principal Investigator signed: _____ / _____ / _____ **RSDATE**
Month Day Year

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

Data Entry Person _____ **DEIDNUM** Date Form Entered: _____ / _____ / _____ **DEDATE**
Month Day Year