



# GFR Reporting Form



CRISP -FORM # 10

Missing Codes:  
A-Participant refused  
B-Reading not possible  
C-Investigator forgot

Use Missing Codes to indicate reason for absent information.

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

1. Date of Visit (when sample was collected): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **DVDATE**  
Month Day Year

2. Date Sample was received at Mayo lab: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **SRDATE**  
Month Day Year

Test requested: Short Renal Clearance

3. Uncorrected Iothalamate Clearance: **UIC** \_\_\_\_\_ ml/min

4. Corrected Iothalamate Clearance: **CIC** \_\_\_\_\_ ml/min/SA (1.73 m<sup>2</sup>)

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