



Baseline Visit Form

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

Use Missing Codes to indicate reason for absent information.

This form is to be completed at the participant's baseline visit.

- Date of Visit:** ___/___/___ **DVDATE**
Month Day Year
- Specify Laboratory processing samples:** ___ **LABIDNUM** ___
- Participant Weight:** (please circle the appropriate units used) ___ **WEIGHT** ___ kg pounds **LBKG**

BLOOD WORK:

- Serum creatinine concentration:** ___ **CREATCLR** ___ mg/dL **Date creatinine collected:** ___/___/___ **CCDATE**
Month Day Year
- Date remaining Blood samples were collected:** ___/___/___ **RBDATE**
Month Day Year
- 6a. Hemoglobin:** ___ **HEMOGLOB** ___ g/dL **Hematocrit:** ___ **HEMOTOCRIT** ___ %
- 6b. Is sickle cell trait present (circle one)?** Yes No N/A **If yes, indicate the percentages:**
SCTP **Hemoglobin A** ___ **HEMA** ___ %
Hemoglobin S ___ **HEMS** ___ %
Hemoglobin C ___ **HEMC** ___ %
Hemoglobin F ___ **HEMF** ___ %
Hemoglobin A2 ___ **HEMA2** ___ %
Misc. ___ **HEMM** ___ %
- Has participant been diagnosed with sickle cell disease (circle one)?** Yes No Unknown **SCDD**
- Is participant symptomatic (circle one)?** Yes No Unknown **SCPS**
- White blood count (circle units used):** ___ **WHBLOOD** ___ cell/ μ L K/ μ L **WBCUNIT**
- Platelet count (circle units used):** ___ **PLATELET** ___ platelets/ μ L K/ μ L **PLUNIT**
- 9. Serum (circle units used):** mEq/L mmol/L **S9UNIT**
Na ___ **SNA** ___ K ___ **SK** ___ Cl ___ **SCL** ___ HCO₃ ___ **SHCO** ___
- 10. Serum (in mg/dL):** Uric Acid ___ **SURIC** ___ BUN ___ **SBUN** ___ glucose ___ **SGLU** ___ Ca ___ **SCA** ___
Mg ___ **SMG** ___ mEq/L ___ (check if used instead of mg/dL) PO₄ ___ **SPO** ___ Total bilirubin ___ **SBILIR** ___
SMGU
- 11. Serum (in U/L):** SGOT (AST) ___ **SSGOT** ___ SGPT (ALT) ___ **SSGPT** ___ Alk Phos ___ **SALK** ___

12. Lipid Panel (in mg/dL): HDL LPHDL LDL LPLDL total cholesterol LPTC triglyceride LPTRI

13. Serum sample saved for future studies: Collection Date: _____ / _____ / _____ SSSDATE
Month Day Year

Number red top serum/plasma samples stored: SSRT Number green top serum/plasma samples stored: SSGT

Number purple top serum/plasma samples stored: SSPT

URINE SAMPLES:

14. Start time of urine collection: URCSTIME am pm End time of urine collection: URCETIME am pm

Collection Date for start of 24 hour Urine Specimen: _____ / _____ / _____ URVDATE
Month Day Year

15. 24 hour Urine Volume: URINE24 mL

16. Creatinine Excretion: UCE mg/24h or Creatinine Concentration: UCC mg/dL

17. Albumin (Microalbumin) (circle units used if entering Concentration)

Albumin Excretion: ALBE mg/24 h or Albumin Concentration: ALBC mg/L mg/mL mcg/mL
ALUNIT

18. Protein Excretion: UPROTE mg/24 h or Protein Concentration: UPROTC mg/dL

19. Urine Electrolytes (circle units used):

Citrate Excretion ECITRE mg/24h mmol/24h or Citrate Concentration ECITRC mg/dL mmol/L
CITEUNIT CTCUNIT

Oxalate Excretion EOXALE mg/24h mmol/24h or Oxalate Concentration EOXALC mg/dL mmol/L
OXEUNIT OXCUNIT

Sodium Excretion ESODE mEq/24h mmol/24h or Sodium Concentration ESODC mg/dL mEq/L mmol/L
NAEUNIT NACUNIT

Potassium Excretion EPOTE mEq/24h mmol/24h or Potassium Concentration EPOTC mEq/L mmol/L
KEUNIT KCUNIT

Calcium Excretion ECALCE mg/24h or Calcium Concentration ECALCC mg/dL

Chloride Excretion ECHLORE mEq/24h mmol/24h or Chloride Concentration ECHLORC mEq/L mmol/L
CLEUNIT CLCUNIT

Phosphorus Excretion EPHOSE mg/24h g/24h or Phosphorus Concentration EPHOSC mg/dL
PHEUNIT

Magnesium Excretion EMGE mg/24h mEq/24h or Magnesium Concentration EMGC mg/dL mEq/L
MGEUNIT MGCUNIT

19. Urine Electrolytes continued (circle units used):

Urea Excretion EUREAE mg/24h UAEUNIT or Urea Concentration EUREAC mg/dL UACUNIT

Uric Acid Excretion EURICE mg/24h UCEUNIT or Uric Acid Concentration EURICC mg/dL

20. Urine or Serum Pregnancy test (circle): positive negative test not performed PREGT

If test not performed, then specify reason: PTRESN

21. Urine sample saved for future studies: Collection Date: USSDATE
 _____ / _____ / _____
 Month Day Year

Number of 5cc aliquots of urine saved: USPT

22. Current Risk Status for progression to ESRD: (circle one) High risk Low risk HILOR

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