



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*

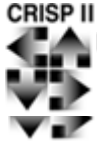
Clinical Center: _____ *pccn*

visit:

Biannual Clinic Visit - Labs

This form is to be completed at the participant's visit during years 6 and 8.

1.	Date of visit: <i>dvddate</i>	/	/	
2.	Specify Laboratory processing samples:	<i>labname</i>		
BLOOD WORK:				
3.	Serum creatinine concentration: _____ <i>mg/dL creatclr</i>			
	Date creatinine collected: <i>ccdate</i>	/	/	
	Duplicate serum collected for storage: <i>dupser</i>	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	
4.	Date remaining blood samples were collected: <i>rbdate</i>	/	/	
5.	Electrolyte:	Sodium _____ <i>sod</i>	Potassium _____ <i>pot</i>	Chloride _____ <i>chlo</i> CO ₂ _____ <i>co2</i>
6.	Serum total cholesterol (mg/dL) _____ <i>chole</i>			
	Serum triglycerides (mg/dL) _____ <i>strig</i>			
	Serum HDL cholesterol (mg/dL) _____ <i>shdl</i>			
	Serum LDL cholesterol (mg/dL) _____ <i>sldl</i>			
7.	Serum samples collected for storage:	Collection Date: <i>ssdate</i>		
		/	/	
20 mL in two SST tubes (tiger-top, 10mL each) 16 mL in two PST tubes (green/grey-top, 8 mL each) Centrifuged and shipped to Fisher Bioservices on day of collection				



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8.	Urine or Serum Pregnancy test (<i>check</i>)	1 <input type="checkbox"/> positive	0 <input type="checkbox"/> negative	2 <input type="checkbox"/> test not performed
	<i>urpreg</i>			
	If test not performed, then specify reason: _____ <i>urreas</i>			
9.	Urine albumin (mg/dL) _____ <i>urabu</i>			
	Urine creatinine (mg/dL) _____ <i>urcreat</i>			
	Urine albumin/creatinine ratio _____ <i>urratio</i>			
10.	Urine sample collected for storage:	Collection Date: <i>urvdate</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"/>		
	20 mL poured into four 5mL tubes each Urine pellet for DNA/RNA Frozen and batched shipped to Fisher Bioservices			

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*

Secondary Entered by: _____ Date __ __ / __ __ / __ __ __ __