



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*
visit:

Clinical Center: _____ *pccn*

Missing Data Codes: A-Participant Refused B-Reading Not Possible C-Institutional Error

Biannual Clinic Visit - Labs

This form is to be completed at the participant's visit during years 10 and 12.

1.	Date of visit: <i>dvdate</i>										
		/		/							
2.	Specify Laboratory processing samples:	<i>labname</i>									
BLOOD WORK:											
3.	Serum creatinine concentration:	_____ mg/dL <i>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 _____ 1 <input type="checkbox"/> mmol/L	Potassium _____ 1 <input type="checkbox"/> mmol/L	Chloride _____ 1 <input type="checkbox"/> mmol/L	CO ₂ _____ 1 <input type="checkbox"/> mmol/L							
	<i>sod</i> 2 <input type="checkbox"/> mEq/L	<i>pot</i> 2 <input type="checkbox"/> mEq/L	<i>chlo</i> 2 <input type="checkbox"/> mEq/L	<i>co2</i> 2 <input type="checkbox"/> mEq/L							
	<i>sodl</i>	<i>potl</i>	<i>chlol</i>	<i>co2l</i>							
6.	Serum total cholesterol (mg/dL) _____ <i>schole</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>) <i>urpreg</i>	0 <input type="checkbox"/> positive	1 <input type="checkbox"/> negative	2 <input type="checkbox"/> test not performed								
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>										
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>										
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 *dedate*

Secondary Entered by: _____ Date ___/___/___