



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

GFR Reporting Form

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

1 Original 2 Repeat 1 3 Repeat 2 *redo*

Refused *chkrefuse*

1. Date of Visit (<i>when sample was collected</i>): <i>dvdate</i>	<table border="1" style="width: 100%; height: 25px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 10px;">/</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 10px;">/</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>			/			/				
		/			/						
2. Date Sample was received at Mayo lab: <i>srdate</i>											
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		/			/						
Test requested: <u>Short Renal Clearance</u>											
3. Uncorrected Iothalamate Clearance: <i>uic</i> _____ ml/min											
4. Corrected Iothalamate Clearance: <i>cic</i> _____ ml/min/SA(1.73 m ²)											

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 ___/___/___