



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*

## Lab Visit – Years 11 and 13

This form is to be completed at the participant's lab visit during years 11 and 13.

Participant did not complete labs.

<b>1.</b>	Date of visit: <i>dvdate</i>	/	/	
<b>2.</b>	Location where samples were obtained: <i>labloc</i>	1 <input type="checkbox"/> PCC	2 <input type="checkbox"/> Other	
<b>3.</b>	Laboratory where samples were processed: <i>samproc</i>	1 <input type="checkbox"/> PCC	2 <input type="checkbox"/> Other	
<b>BLOOD WORK:</b>				
<b>4.</b>	Serum creatinine concentration: _____ mg/dL <i>secret</i>	Date creatinine collected: <i>dtcrecol</i>		
		/	/	
<b>5.</b>	Duplicate serum collected for storage: <i>dupcolyn</i>	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	
	If yes, date duplicate blood sample was collected and stored: <i>dupdtcol</i>	/	/	

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 \_\_\_/\_\_\_/\_\_\_