



Results:

13. Urine urea nitrogen (mg/dL) .....  
or in SI units (mmol/dl) .....  
or in SI units (mmol/day) .....  
b. Lab where test was performed: (use lab number identified in Form 602) .....

14. Urine creatinine (mg/dL) .....  
or in SI units (mmol/dl) .....  
or in SI units (mmol/day) .....  
b. Lab where test was performed: (use lab number identified in Form 602) .....

15. a. Urine phosphorus (mg/dL) (*database will calculate 24 hour result*) .....  
or in SI units (mmol/dl) .....  
or in SI units (mmol/day) .....  
b. Lab where test was performed: (use lab number identified in Form 602) .....

200. Date this form completed (dd/mon/yyyy).....

201. Username of person reviewing completeness of this form.....

**For Clinical Center Use Only:**

202. Username of person entering this form: \_\_\_\_\_

203. Date Entered: (dd/mon/yyyy) \_\_\_/\_\_\_/\_\_\_