

Local Iron and PTH Profile Baseline (i.e., up to 4 months before randomization) and once every 3-4 months post randomization. *[For retrospective baseline values for Q10-12, you will need to fax this completed form to the DCC after all other baseline forms have been entered.]*

(For centers obtaining these values more often than every 3 months, please enter value obtained closest to: F4, F8, and F12 for daily study and nocturnal study v3.0. *In nocturnal study v2.1, values should be obtained closest to F5, F9, and F14).*

Report transferrin saturation as a percent (%) OR in SI units OR iron and TIBC.

- 10. a. Pre-dialysis Transferrin saturation (%)..... _____
or in SI units (mmol/L) _____
- b. Date sample drawn (dd/mon/yyyy) ___/___/___
- c. Lab where test was performed: (use lab number identified in Form 602) _____
If you completed item 10a - do not complete items 10d & e. The database will not allow the form to be saved.
- d. Pre-dialysis iron (ug/dL)..... _____
- e. Total iron binding capacity (ug/dL)..... _____

- 11 b. Pre-dialysis Ferritin (ng/mL = µg/L) _____
or in SI units (pmol/L) _____
- b. Date sample drawn (dd/mon/yyyy) ___/___/___
- c. Lab where test was performed: (use lab number identified in Form 602) _____

- 12. a. Pre-dialysis Parathyroid hormone (pg/mL = ng/L) _____
or in SI units (pmol/L) _____
- b. Method used to measure PTH (1=Intact, 2=Bi-PTH)..... _____
- c. Date sample drawn (dd/mon/yyyy) ___/___/___
- d. 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) ___/___/___