

DAC Study Form 351 - Local Biochemistry Lab Form

This form is completed with the results received from the Local Biochemistry Laboratory. Use the most recent value available. Serum values (q. 4 – 7) at baseline may be taken anytime in the past three years. Follow-up values are collected monthly for graft study and must be after randomization. Follow-up values are not done for fistula study.

1. Patient Identification Number.....
2. Patient Name Code
3. a. Visit Type
- b. Visit Number.....
- c. Visit sequence number

Serum Values

4. a. creatinine (mg/dL)
- b. date sample drawn..... / /

Note: The database will calculate

$$\text{Cockcroft Gault Creatinine clearance} = \frac{(140 - \text{age}) \times (\text{wt in kg}) \times (.85 \text{ for female})}{\text{Serum creatinine in mg/dl} \times 72}$$

5. a. calcium (mg/dL).....
- b. date sample drawn..... / /
6. a. phosphorus (mg/dL).....
- b. date sample drawn..... / /
7. a. albumin (g/dL)
- (For Graft Study: MUST have access creation surgery within 45 days)
- b. date sample drawn..... / /
8. a. intact PTH (pg/ml)
- (For Graft Study only, if available)
- b. date sample drawn..... / /

Whole Blood Values

9. a. hemoglobin (g/dL)
- b. date sample drawn..... / /
- (MUST have access creation surgery within 45 days)
10. a. hematocrit (%).....
- b. date sample drawn..... / /
11. a. platelet count (cells / mm³)

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(MUST be $\geq 75,000$ cells / mm³)

b. date sample drawn..... _ _ / _ _ / _ _ _ _

(MUST have access creation surgery within 45 days)

Coagulation

12. a. INR..... _ . _

(If available, must be within 45 days)

b. date sample drawn..... _ _ / _ _ / _ _ _ _

13. a. partial thromboplastin time (PTT, sec) _ _ . _

(If available, must be within 45 days)

b. date sample drawn..... _ _ / _ _ / _ _ _ _

c. upper limit of normal PTT at this lab (sec)..... _ _ . _

Pregnancy

14. a. If a pregnancy test was done, what was the result
(0=Negative, 1=Positive)..... _

b. Date the test was done _ _ / _ _ / _ _ _ _

Dialysis Prescription

This data is collected at the follow-up visits for patients on dialysis who are enrolled in the Graft Study.

15. Pre-dialysis BUN (mg/dL)..... _ _ . _

16. Post-dialysis BUN (mg/dL) _ _ . _

17. Date sample drawn..... _ _ / _ _ / _ _ _ _

201. Date this form completed..... _ _ / _ _ / _ _ _ _

202. User ID of person completing this form _ _ _ _ _

<i>Clinical Center Use Only</i>
Date Form Entered _ _ / _ _ / _ _ _ _
Person Entering this Form _____