



Genetics of Kidneys in Diabetes Study

Historical Urine Value for Control Probands

This form should be completed for any proband seen at a GoKinD clinic that is believed to be an eligible control and has a historical urine value. Send original (white) copy to the GoKinD Coordinating Center and retain yellow copy of this form at the clinic.

A. IDENTIFYING INFORMATION

1. Clinic Number

4. Proband/Relative's Initials

2. Family ID Number

5. Date Form Completed

3. Proband/Relative Code

F M L
Month Day Year

B. URINE SCREENING TESTS*

1. Date of Reading
Month Day Year

2. ACR Value

Table with 2 columns: Test description, No, Yes. Rows include Timed Urine, Overnight collection, Total urinary protein, and Dipstick results.

* Please note that use of historical information for the initial urine screen (UScr1) is allowed if the ACR value in the past 12 months is less than 40 ug albumin/mg urine creatinine.

Signature of person who completed this form:

Certification Number (if any)
