



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 [Clinic]
2. Family ID Number [Family]
3. Proband/Relative Code [Relcode]
4. Proband/Relative's Initials [Relinit]
5. Date Form Completed [Month/Day/Year] [Blformdt]

B. URINE SCREENING TESTS*

1. Date of Reading [Blreaddt]
2. ACR Value
a) Timed Urine < 30 ug/min (< 40 mg/24 hr) in past 12 months [No (1) Yes (2) Blacr2a]
b) Overnight collection < 30 ug/min in past 12 months [No (1) Yes (2) Blacr2b]
c) Total urinary protein < 230 mg/24 hr in past 12 months [No (1) Yes (2) Blacr2c]
d) Dipstick (Albustix or Multistix) negative trace in past 12 months [No (1) Yes (2) Blacr2d]

* 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)

[Blcert]
