



Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* HALT PKD ID number, clinical center ID, and visit number.

Participant ID: \_\_\_\_\_ *haltid* Clinical Center: \_\_\_\_\_ *clinic* Date of Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month *dvm* day *dvd* year *dvy*

visit:

\_\_\_Form was not completed *misfrm*

Missing Data Codes: A-Participant Refused B-Reading Not Possible C-Institutional Error

**REQUIRED LAB RESULTS FORM—(PCC or Local Lab)**

**Form # 9**

This form is to be entered within 3 business days of safety labs L1-L4, and 2 weeks of all other visits. If necessary, check “abnormal” and comment below. Enter required results from the PCC lab, collected at the Screening Visit, before Form 10.

Lab used: *lrlab*

- 1  PCC
- 2  Quest Diagnostic Laboratories
- 3  Other \_\_\_\_\_ *lrlabdesc*

Collection Time (24hr): \_\_\_\_\_:\_\_\_\_\_ *lrshr : lrsmn*

- 1  Fasting
- 2  Non-Fasting \* *lrsfast*

\*At the initial study visit, fasting is required (water only for at least 8 hours). If ‘non-fasting’ is selected for the S or SB1 visit, indicate what was eaten *lrsmeal*

- 1  a large meat/fish protein meal (>1.3 g/kg/d)
- 2  a small amount of meat/fish protein
- 3  no meat/fish protein was eaten

Note: MOP section 8.1.2.2 states, “A GCRC dietician will give guidelines for food portions <1.3 g/kg/d (~91 grams of protein, ~11.4 ounces of meat) to participants.”

**Important:** If participant is taking Digoxin, report required results on Required Safety Lab Results Form 51. Report all optional/additional serum creatinine and potassium results on Required Safety Lab Results Form 51.



Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* HALT PKD ID number, clinical center ID, and visit number.

Participant ID: \_\_\_\_\_ *haltid* Clinical Center: \_\_\_\_\_ *clinic* Date of Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 month *dvm* day *dvd* year *dvy*

visit: \_\_\_\_\_

\_\_\_Form was not completed *misfrm*

Missing Data Codes: A-Participant Refused B-Reading Not Possible C-Institutional Error

**REQUIRED LAB RESULTS FORM—(PCC or Local Lab)**

**Form # 9**

| Serum Chemistry              | Units  | Results        | Abnormal (Check if Yes)                   |
|------------------------------|--|----------------|---|
| Sodium                       | mEq/L or mmol/L                                    | <i>lrsna</i>   | <input type="checkbox"/> <i>lrsnaab</i>   |
| Potassium                    | mEq/L or mmol/L                                    | <i>lrsk</i>    | <input type="checkbox"/> <i>lrskab</i>    |
| Chloride                     | mEq/L or mmol/L                                    | <i>lrsc1</i>   | <input type="checkbox"/> <i>lrsc1ab</i>   |
| Total CO2                    | mEq/L or mmol/L                                    | <i>lrsc2</i>   | <input type="checkbox"/> <i>lrsc2ab</i>   |
| Glucose                      | mg/dL  | <i>lrsglu</i>  | <input type="checkbox"/> <i>lrsgluab</i>  |
| BUN (Urea Nitrogen)          | mg/dL  | <i>lrsbun</i>  | <input type="checkbox"/> <i>lrsbuna</i>   |
| Creatinine (PCC/non-central) | 1 <input type="checkbox"/> Original <i>eqtype</i>  | <i>lrscrea</i> | <input type="checkbox"/> <i>lrscreaab</i> |
|                              | 2 <input type="checkbox"/> IDMS                    |                |   |
| GFR (calculated per MDRD)    | ml/min/1.73 m <sup>2</sup>                         | <i>lrsgr</i>   |   |
| SGOT (AST)                   | U/L  | <i>lrsgot</i>  | <input type="checkbox"/> <i>lrsgotab</i>  |
| SGPT (ALT)                   | U/L  | <i>lrspt</i>   | <input type="checkbox"/> <i>lrsptab</i>   |
| Alkaline Phosphatase         | U/L  | <i>lrsalk</i>  | <input type="checkbox"/> <i>lrsalkab</i>  |
| Total Bilirubin              | mg/dL  | <i>lrsbili</i> | <input type="checkbox"/> <i>lrsbiliab</i> |
| Calcium                      | mg/dL  | <i>lrsca</i>   | <input type="checkbox"/> <i>lrscaab</i>   |
| Phosphorus                   | mg/dL  | <i>lrsp</i>    | <input type="checkbox"/> <i>lrspab</i>    |
| Albumin                      | 1 <input type="checkbox"/> mg/dL <i>lrsalbunit</i> | <i>lrsalb</i>  | <input type="checkbox"/> <i>lrsalbab</i>  |
|                              | 2 <input type="checkbox"/> g/dL                    |                |   |

| Hematology        | Units  | Results       | Abnormal (Check if Yes)                  |
|-------------------|--|---------------|--|
| White Blood Cells | 1 <input type="checkbox"/> K/ $\mu$ L or $\times 10^9/L$ <i>lrhwbcunit</i> | <i>lrhwbc</i> | <input type="checkbox"/> <i>lrhwbcab</i> |
|                   | 2 <input type="checkbox"/> Cells/ $\mu$ L or Cells/mm <sup>3</sup>         |               |  |
| Hemoglobin        | g/dL   | <i>lrhbb</i>  | <input type="checkbox"/> <i>lrhbbab</i>  |
| Hematocrit        | %  | <i>lrhct</i>  | <input type="checkbox"/> <i>lrhctab</i>  |
| Platelets         | 1 <input type="checkbox"/> K/ $\mu$ L or $\times 10^9/L$ <i>lrhpltunit</i> | <i>lrhplt</i> | <input type="checkbox"/> <i>lrhpltab</i> |
|                   | 2 <input type="checkbox"/> Cells/ $\mu$ L or Cells/mm <sup>3</sup>         |               |  |



Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* HALT PKD ID number, clinical center ID, and visit number.

Participant ID: \_\_\_\_\_ *haltid* Clinical Center: \_\_\_\_\_ *clinic* Date of Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month *dvm* day *dvd* year *dvy*

visit: \_\_\_\_\_

\_\_\_ Form was not completed *misfrm*

Missing Data Codes: A-Participant Refused B-Reading Not Possible C-Institutional Error

**REQUIRED LAB RESULTS FORM—(PCC or Local Lab)**

**Form # 9**

| Urine   | Units   | Results        | Abnormal (Check if Yes)                  |
|---|---|----------------|--|
| Albumin   | 1 <input type="checkbox"/> mg/dL <i>lrualbunit</i>                | <i>lrualb</i>  |  |
|   | 2 <input type="checkbox"/> mcg/mL                                 |                |  |
|   | 3 <input type="checkbox"/> mg/L                                   |                |  |
| Creatinine  | 1 <input type="checkbox"/> mg/dL <i>lrucreaunit</i>               | <i>lrucrea</i> |  |
|   | 2 <input type="checkbox"/> mg/L                                   |                |  |
| Albumin/Creatinine Ratio (calculated)                   | N/A   | <i>lruac</i>   |  |
| β-HCG <i>lruhcgna</i><br>1 <input type="checkbox"/> N/A | 1 <input type="checkbox"/> qualitative (+ / - ) <i>lruhcgunit</i> | <i>lruhcg</i>  | <input type="checkbox"/> <i>lruhcgab</i> |
|   | 2 <input type="checkbox"/> quantitative-mIU/mL                    |                |  |
|   | 3 <input type="checkbox"/> other                                  |                |  |

Comments \_\_\_\_\_ *lrcmt*

\*\*\*\*\*

HALT PKD staff member completing this form: \_\_\_\_\_ *cmidnum* Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month *cdm* Day *cdd* Year *cdy*

Data Entry Status: Please check to indicate that the above information has been entered

Primary Entered by: \_\_\_\_\_ *deidnum* Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ *dem / ded / dey*

Secondary Entered by: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_