

**HEMO Form 9. Central Biochemistry Laboratory Kinetic Modelling Session  
Mailing Form**

*This form is a packing slip, and will be key entered as well as mailed to the CBL.*

1. Patient Identification Number.....\_\_\_\_\_
2. Patient Name Code.....\_\_\_\_\_
3. Visit Date ..... \_\_\_/\_\_\_/\_\_\_\_\_
4. Visit Type ..... \_\_\_\_\_
5. Week/Month Number ..... \_\_\_\_\_
6. Day Number ..... \_\_\_\_\_
7. Type of session (1=Special 6-BUN Troubleshooting session, 2=2 BUNs;  
3=3 BUNs; 6=6 BUNs; 7=7 BUNs)..... \_\_\_\_\_
8. Additional Tests? (0=no, 1=yes)..... \_\_\_\_\_  
If no, skip to Item 9:
  - a. Albumin (0=no, 1=yes)..... \_\_\_\_\_
  - b. B-2 microglobulin (0=no, 1=yes)..... \_\_\_\_\_
9. Number of tubes of serum sent?.....\_\_\_\_\_
10. Date serum collected..... \_\_\_/\_\_\_/\_\_\_\_\_
201. Date this form completed ..... \_\_\_/\_\_\_/\_\_\_\_\_
202. Certification number of person completing this form ..... \_\_\_\_\_

<p>Clinical Center Use Only</p> <p style="text-align: center;">Data Form Entered ___/___/_____</p> <p style="text-align: center;">Person Entering this Form _____</p>
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