

HEMO Study Form 10. Local Biochemistry Lab Form

This form is completed with the results received from the Local Biochemistry Laboratory.

These data should be completed at weeks 1 or 2 of Baseline and at months 6, 12, 18, 24, etc., of Follow-Up.

- 1. Patient Identification Number.
- 2. Patient Name Code
- 3. Visit Date / /
- 4. Visit Type
- 5. Week/Month Number
- 6. Day Number

Serum Values

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

The creatinine date is assumed to be the sample date for items 8 to 20. If it is not, leave those items blank. The date of the TIBC and iron sample is assumed to be the date of the ferritin.

- 8. sodium (mEq/L)
- 9. potassium (mEq/L)
- 10. chloride (mEq/L)
- 11. bicarbonate (mEq/L)
- 12. calcium (mg/dL)
- 13. phosphorus (mg/dL)
- 14. glucose (mg/dL)
- 15. total protein (g/dL)
- 16. albumin (g/dL)
- 17. total bilirubin (mg/dL)
- 18. ALT (IU/L)
- 19. AST (IU/L)

- 20. alkaline phosphatase (IU/L)_____
- 21. a. total cholesterol (mg/dL)_____
- b. date cholesterol sample drawn ___/___/_____
- 22. iron ($\mu\text{g/dL}$)_____
- 23. TIBC ($\mu\text{g/dL}$)_____
- 24. a. ferritin ($\mu\text{g/L}$)_____
- b. date ferritin sample drawn ___/___/_____
- 25. a. intact PTH (pg/ml)_____
- b. date PTH sample drawn ___/___/_____

Whole Blood Values

- 26. a. hematocrit (%)_____
- b. date hematocrit sample drawn ___/___/_____
- 27. a. WBC_____
- b. date WBC sample drawn ___/___/_____
- 201. Date this form completed ___/___/_____
- 202. Certification number of person completing this form_____

Clinical Center Use Only	
Date Form Entered ___/___/_____	Verified? _____
Person Entering this Form _____	