

HEMO Study Form 11. Local Lab Reference Ranges and Methods Form

This form is to be completed for each dialysis unit.

- 1. Clinical Center:
- 2. Dialysis Unit:
- 3. Name of local lab used:

Please report the normal reference range for your lab for each value, followed by the name of the method used to measure it. Enter the first 100 characters in the name of the method. This form is not verified.

Serum Values

- 4. creatinine
 - a. Local reference range in mg/dl to
 - b. Method (1= , 2=Other)
 - c. If other, specify (32 characters)
- 5. sodium
 - a. Local reference range in mEq/L to
 - b. Method (1= , 2=Other)
 - c. If other, specify (32 characters)
- 6. potassium
 - a. Local reference range in mEq/L to
 - b. Method (1= , 2=Other)
 - c. If other, specify (32 characters)
- 7. chloride
 - a. Local reference range in mEq/L to
 - b. Method (1= , 2=Other)
 - c. If other, specify (32 characters)

8. bicarbonate

- a. Local reference range in mEq/L _____ to _____
- b. Method (1= , 2=Other) _____
- c. If other, specify (32 characters) _____

9. calcium

- a. Local reference range in mEq/L _____ to _____
- b. Method (1= , 2=Other) _____
- c. If other, specify (32 characters) _____

10. phosphorus

- a. Local reference range in mEq/L _____ to _____
- b. Method (1= , 2=Other) _____
- c. If other, specify (32 characters) _____

11. glucose

- a. Local reference range in mEq/L _____ to _____
- b. Method (1= , 2=Other) _____
- c. If other, specify (32 characters) _____

12. total protein

- a. Local reference range in mEq/L _____ to _____
- b. Method (1= , 2=Other) _____
- c. If other, specify (32 characters) _____

3. bilirubin (mg/dL)

- a. Local reference range in mEq/L _____ to _____
- b. Method (1= , 2=Other) _____
- c. If other, specify (32 characters) _____

14. ALT (IU/L)

- a. Local reference range in mEq/L _____ to _____
- b. Method (1= , 2=Other) _____
- c. If other, specify (32 characters) _____

15. AST

- a. Local reference range in mEq/L _____ to _____
- b. Method (1= , 2=Other) _____
- c. If other, specify (32 characters) _____

16. alkaline phosphatase

- a. Local reference range in m Eq/L _____ to _____
- b. Method (1= , 2=Other) _____
- c. If other, specify (32 characters) _____

17. total cholesterol

- a. Local reference range in mEq/L _____ to _____
- b. Method (1= , 2=Other) _____
- c. If other, specify (32 characters) _____

18. iron

- a. Local reference range in mEq/L _____ to _____
- b. Method (1= , 2=Other) _____
- c. If other, specify (32 characters) _____

19. TIBC

- a. Local reference range in mEq/L _____ to _____
- b. Method (1= , 2=Other) _____
- c. If other, specify (32 characters) _____

20. ferritin

- a. Local reference range in mEq/L _____ to _____
- b. Method (1= , 2=Other) _____
- c. If other, specify (32 characters) _____

21. intact PTH

- a. Local reference range in mEq/L _____ to _____
- b. Method (1= , 2=Other) _____
- c. If other, specify (32 characters) _____

Whole Blood Values

22. hematocrit

- a. Local reference range in mEq/L _____ to _____
- b. Method (1= , 2=Other) _____
- c. If other, specify (32 characters) _____

23. WBC

- a. Local reference range in mEq/L _____ to _____
- b. Method (1= , 2=Other) _____
- c. If other, specify (32 characters) _____

201. Date this form completed ____/____/____

202. Certification number of person completing this form _____

<p>Clinical Center Use Only</p> <p>Date Form Entered ____/____/____</p> <p>Person Entering This Form_____</p>
