

Modification of Diet in Renal Disease Study
CENTRAL BIOCHEMISTRY LAB 24-HOUR URINE REPORT FORM

This form will be completed by Central Lab personnel. The data will be entered and a computer generated report will be sent to the Clinical Centers.

QUESTION # INSTRUCTIONS

- 4a. Visit types as usual are B for baseline, F for follow-up, A for abbreviated follow-up, and X for Study F, to indicate a urine collection right after a stop point is reached.
6. The answer should be carefully copied from the mailing form accompanying the sample. If the answer is yes, EPI will not be used for analysis.
7. a. pH: If the pH is ≥ 5 , do not report results.

	<u>Units</u>	<u>Allowable Range</u>
b. Creatinine	mg/day	300 - 4000
c. Urea Nitrogen	g/day	1.0 - 40.0
d. Protein	g/day	0.01 - 16.00
e. Phosphorus	mg/day	70 - 3000
f. Volume	ml	≥ 100
h. Sodium	mEq/day	10 - 500
i. Potassium	mEq/day	5 - 250

After FU 8, urine protein collected every 4 months.

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Central Biochemistry Lab Form
24-Hour Urine Report**

8. Comments to clinical center:

9. Comments for internal purposes:

10. Did the laboratory discover any difficulties in the receipt of this sample? (1 = yes, 2 = no) ... _____

If no, skip to Item 12.
If yes, continue.

11. Which of the following problems were noted by the central lab?

For the following (1 = yes, 2 = no)

- a. Clerical problems with the data forms accompanying the sample..... _____
- b. Information on the label of the tube incomplete or unsatisfactory..... _____
- c. Sample leakage..... _____
- d. Quantity of sample insufficient..... _____
- e. Incorrect type of sample..... _____
- f. Other (_____)..... _____

12. a. Has afterthought urine been received and stored? (1 = yes, 2 = no)..... _____

b. Location code 1..... _____

c. Amount (ml)..... _____

d. Location code 2..... _____

e. Amount (ml)..... _____

101. Date this form completed..... ____/____/____

102. Certification number of person filling out this form..... _____

103. Lab director's signature..... _____

104. Certification number of lab director..... _____

105. Has form been signed by lab director? (1 = yes, 2 = no)..... _____

106. Date form entered..... ____/____/____

107. Certification number of data entry person..... _____