

Modification of Diet in Renal Disease Study
AMINO ACID DATA FORM

This is the data which is collected by the central lab personnel and transmitted to the DCC. Patient and visit information should be carefully copied from the mailing form.

2.201

For DCC Use Only
Rev. 4 11/15/90

E ___
V ___
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MDRD

Modification of Diet in Renal Disease Study Amino Acid Data Form

FORM # 36

- 1. Patient Identification Number.....
- 2. Patient Name Code:.....
- 3. Clinical Center
- 4. a. Date sample drawn..... / /
- b. Visit Type.....
- c. Visit Number.....
- d. Date sample received..... / /
- 5. Condition of sample at time of receipt.....
 - 1 = Acceptable
 - 2 = Thawed
 - 3 = Spilled
 - 4 = Other (.....)
- 6. Date sample analyzed..... / /
 - a. Type of analysis/report.....
 - 1 = preliminary (allo/ornithine)
 - 2 = full, complete report

Essential Amino Acids (μ Moles/L)

- 7. a. Histidine.....
- b. Isoleucine.....
- c. Leucine.....
- d. Lysine.....
- e. Methionine.....
- f. Phenylalanine.....
- g. Threonine.....
- h. 1. Total Tryptophan.....
- 2. Free Tryptophan.....
- 3. Bound Tryptophan.....
- i. Valine.....
- 8. Total Essential.....

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Semi-Essential (μ Moles/L)

9. a. Cystine _____
b. Tyrosine..... _____

Nonessential Amino Acids (μ Moles/L)

10. a. Alanine _____
b. Arginine _____
c. Asparagine..... _____
d. Aspartic Acid _____
e. Glutamic Acid..... _____
f. Glutamine..... _____
g. Glycine..... _____
h. Ornithine..... _____
i. Proline _____
j. Serine..... _____
k. Taurine _____
l. Citrulline..... _____
11. Total Nonessential..... _____
12. Total amino acids _____

Other Amino Acids Sometimes Found in Plasma (μ Moles/L)

13. a. Hydroxyproline..... _____
b. α -Aminobutyrate _____
c. Cystathionine..... _____
d. Alloisoleucine..... _____
e. 1-Methyl-Histidine..... _____
f. 3-Methyl-Histidine..... _____

101. Date this form completed..... ____/____/____
102. Date form entered..... ____/____/____
103. Certification number of data entry person _____