

Modification of Diet in Renal Disease Study  
AMINO ACID MAILING FORM

This form is to be completed by the study coordinator and a copy sent with the sample to the Central Amino Acid Laboratory.

The Lab must know the number of hours fasting as well as the diet the patient is on. For further instructions, see the Manual of Operations, Amino Acid Section.

Complete this form for all required Amino Acid samples, whether collected or not.

An additional amino acid sample has been added. Diet K patients only at Follow-Up Visit 2.

QUESTION #

INSTRUCTIONS

6. Enter 0 (zero) if patient did not fast. If unknown, enter 99.
8. If on Diet K and patient is not complying, still calculate the number of hours since keto acids were ingested. If 4 months,

$$30 \frac{\text{days}}{\text{month}} \times 24 \frac{\text{hours}}{\text{days}} \times 4 \text{ months} = 2880 \text{ hours.}$$

If the value is greater than 9999, then as always enter -1 and complete Form 24 with the correct value.



