

**Modification of Diet in Renal Disease Study
CENTRAL BIOCHEMISTRY LAB FORM
BLOOD ANALYSIS REPORT**

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

- 4b. Visit type. As usual, use a P 1.0 to indicate blood work right after a stop point. If blood work is repeated between visits use xx.1 to indicate.

- 7a. Number of hours fasting. If zero, enter a zero. If unknown, enter 99.

- 9. Enter the Transferrin value in milligrams per deciliter. The allowable range for data entry is 140- 470.

- 10. Enter the Albumin value in grams per deciliter. The allowable range for data entry is 2.0-6.0.

- 11. Enter the Serum Phosphorus value in grams per deciliter. The allowable range is 1.0 - 10.0.

- 12. Enter the Serum Creatinine value in milligrams per deciliter. This data will be used for calculation of clearances. The allowable range for data entry is 0.1-15.0

- 13. Enter the Serum Urea Nitrogen value in milligrams per deciliter. This data will be used for calculation of clearances. The allowable range for data entry is 10-180.

- 15.-18. Enter each of the lab measurements in the appropriate units. Allowable ranges for data entry are as follows:

	<u>Units</u>	<u>Allowable Range</u>
Uric Acid	mg/dl	3.0 - 12.0
Bilirubin	mg/dl	0.1 - 2.0
LDH	Iu/L	50 - 400
SGOT	Iu/L	3 - 100

- 20. a. Enter the Triglyceride value in milligrams per deciliter. Allowable range is 10 - 1000.

- b. Enter the Total Serum Cholesterol value in milligrams per deciliter. Allowable range is 100 - 600.

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- c. Enter the HDL Cholesterol value in milligrams per deciliter. Allowable range is 10 - 150.
 - d. If the Triglyceride value is greater than 400, lab personnel measure LDL Cholesterol directly. If Triglyceride value is less than or equal to 400, LDL will be calculated.
 - e.-h. Further lipid analyses results done annually.
21. a. Enter a 1 if the afterthought 5 milliliter serum sample has been received and stored. Enter a 2 if not, and skip to item 19.
- b.-e. Enter the location and amount of the split sample.
23. The method to be used for Hemoglobin A_{1c} is HPLC. The value should be recorded as a percentage, to the nearest tenth. The allowable range for data entry is 3.0-15.0.

For DCC Use Only
Rev. 2 10/15/88

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V ___
T ___

Form # 33
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**Modification of Diet in Renal Disease Study
Central Biochemistry Lab Form
Blood Analysis Report**

This form is to be completed for each patient's blood measurements by the Central Biochemistry Laboratory personnel.

FORM # 33

1. Patient Identification Number.....
2. Patient Name Code.....
3. Clinical Center
4. a. Visit Type.....
b. Visit Number.....
5. a. Date blood samples drawn..... / /
b. Date blood received at Central GFR Lab / /
c. Date blood received at Biochemistry Lab / /
6. Did the patient have a short-term illness when blood was drawn? (1 = yes, 2 = no).....
7. a. Number of hours patient was fasting prior to blood being drawn (From FORM #17) ____
b. Were medications appropriately withheld 48 hours prior to blood test?
(1 = yes, 2 = no)
8. Date Routine Serum analyses completed at the Central Lab / /
9. Transferrin (mg/dl) (potential action item)
10. Albumin (g/dl) (potential action item).....
11. Phosphorus (mg/dl) (potential action item).....
12. Creatinine (mg/dl)
13. Urea Nitrogen (mg/dl).....
14. Date liver function test analyses completed at the Central Lab..... / /
15. Uric Acid (mg/dl).....
16. Bilirubin (mg/dl).....
17. LDH (IU/l).....
18. SGOT (IU/l).....

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19. Date lipid analyses completed at the Central Lab.....__ __/__ __/__ __

20. Lipid Profile

a. Triglycerides (mg/dl).....__ __

b. Total Serum Cholesterol (mg/dl).....__ __

c. HDL Serum Cholesterol (mg/dl)__ __

d. LDL Serum Cholesterol (mg/dl) (potential action item)__ __

e. HDL₂ (mg/dl).....__ __

f. HDL₃ (mg/dl).....__ __

g. Apolipoprotein A₁ (mg/dl).....__ __

h. Apolipoprotein B (mg/dl).....__ __

21. a. Has afterthought serum been received and stored? (1 = yes, 2 = no).....__

b. Location code 1.....__ __

c. Amount (ml).....__ __

d. Location code 2.....__ __

e. Amount (ml).....__ __

22. Date Hemoglobin A₁C analysis completed at the Central Lab.....__ __/__ __/__ __

23. Hemoglobin A₁C (HPLC Method) (%).....__ __

24. Comments to clinical center:

25. Comments for internal purposes:

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

If no, skip to Item 101.
If yes, continue.

27. 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 (_____)..... _____

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..... _____