

**Modification of Diet in Renal Disease Study
CENTRAL LAB QC ID MATCHING FORM**

This form is to be completed when the Clinical Center sends a patient's sample to the Central Biochemistry Lab, Central GFR Lab, Central Amino Acid Lab, or Central EKG lab in duplicate for quality control with one sample labeled with the patient ID and the other labeled with the Center's quality control ID. DO NOT send a copy of this form to the Central Lab. Transmit and send promptly to the DCC only.

This form is used also for split anthropometry, Blood Pressure, and QWB samples. Always use the "real" patient ID number.

For GFR: Do not transmit Form 22 until you receive the original "real" GFR report back from the lab indicating the GFR was OK.

For DCC Use Only
Rev. 5 6/1/91

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Modification of Diet in Renal Disease Study Central Lab QC ID Matching Form

This form is to be completed when the Clinical Center sends a patient's sample to the Central Biochemistry Lab, GFR Lab, or the Central Amino Acid Lab in duplicate, for quality control. Also complete when anthropometry or blood pressure QC is done locally.

FORM # 2 2

1. Patient Identification Number (whose sample was sent in duplicate) _____
2. Patient Name Code..... _____
3. Clinical Center..... _____
4. a. Visit Type..... _____
 b. Visit Number..... _____
 c. Type of QC..... _____
 1 = Amino acid sample 5 = Anthropometry
 2 = Central Biochemistry sample 6 = Blood Pressure
 3 = GFR samples 7 = QWB
 4 = EKG sample
5. Date of patient visit at which blood was drawn..... ___/___/___
6. Date when the 24-hour urine was collected..... ___/___/___
7. Date GFR samples collected..... ___/___/___
8. Date EKG done..... ___/___/___
9. Date Anthropometry done..... ___/___/___
10. Date Blood Pressure done..... ___/___/___
11. Date of visit associated with QWB (F27Q04A)..... ___/___/___
101. Date this form completed..... ___/___/___
102. Certification number of person filling out this form..... _____
103. Date form entered..... ___/___/___
104. Certification number of data entry person..... _____