

Modification of Diet in Renal Disease Study
DATA CHANGE FORM

This form is to be completed by the Study Coordinator when the Clinical Center identifies data that needs to be changed, added or deleted.

QUESTION # INSTRUCTIONS

4. Enter date of form. Refer to next page for correct date for each form. Enter Visit Type and Number on that form. If form does not refer to specific visit type and number, leave these spaces blank.
5. The form number should be entered. Each Form #25 can be used for up to 3 data changes on a form. If more than one form has changes to be made, then a Form # 25 for each of those forms must be completed.

- 6a. The item number must be entered. For instance, on Form #04, Page 2, the item number for current employment status is
Q14B
The item number for date form completed is
Q101

- 6b. Enter decimal point when needed in a separate space
(Example: 0 3 5 . 2 1)

OR

For 24-hour clock values:
(Example: 0 9 : 3 0)

for dates:
(Example: 1 0 1 8 8 8)

do not enter '/'s.

When trying to indicate to blank out a field enter

(Example: B L A N K).

When trying to indicate deletion of a form enter

(Example: D E L E T E).

- 7.-8. Complete as in items 6a and 6b.

If more than three items on a particular form need to be changed, you should complete a second form 25 for those subsequent to the 3rd change.

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DATE OF VISIT

Form 01 Date form completed (item 101)
Form 02 Date form completed (item 101)
Form 03 Date of screening (visit item 4a)
Form 04 Date of visit (item 5a)
Form 05 Date of this clinic visit (item 4a)
Form 06 Date of this clinic visit (item 4a)
Form 07 Date form completed (item 101)
Form 08 Date form completed (item 101)
Form 09 Date of randomization (item 6)
Form 10 Date of medical attention (item 4a)
Form 11 Date stop point is declared (item 6)
Form 12 Date of follow-up visit (item 4a)
Form 13 Date of visit (item 4a)
Form 14 Date of last visit (item 4a)
Form 15 Date of death (item 4)
Form 16 Date of GFR test (item 4a)
Form 17 Date form completed (item 4a)
Form 18 Date EKG done (item 4a)
Form 19 Date of visit (item 4a)
Form 22 Date form completed (item 101)
Form 23 Date of visit (item 4a)
Form 24 Date of form (item 4a)
Form 25 Date of form (item 4a)
Form 26 Date of visit (item 4a)
Form 27 Date of visit (item 4a)
Form 28 Date of visit (item 4a)
Form 29 Date of visit (item 4)
Form 30 Date of transfer (item 6)
Form 31 Date form completed (item 101)
Form 32 Date urine collected (item 5a)
Form 33 Date blood collected (item 5a)
Form 34 Date specimens received from Central GFR Lab (item 1)
Form 35 Date of EKG tracing (item 4a)
Form 36 Date sample drawn (item 4a)
Form 37 Date of randomization (item 4)
Form 38 Date of review (item 7)
Form 40 Date of stop point review (item 5)
Form 41 Date of death (item 4)
Form 42 Date of assay (item 5a)
Form 46 Date of visit (item 4a)
Form 47 Date of contact (item 4a)
Form 48 Date of visit (item 4a)
Form 49 Date of review (item 6)
Form 50 Date form completed (item 101)
Form 51 Date of visit (item 4a)

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DATE OF VISIT

Form 65	Date of visit (item 4a)
Form 66	Date form completed (item 101)
Form 71	Date of visit (item 4a)
Form 72	Date of visit (item 4a)
Form 73	Date of this visit (item 5a)
Form 74	Date of visit (item 4a)
Form 76	Date of visit or contact (item 4a)
Form 77	Date of visit (item 4a)
Form 78	Date form given to patient (item 4a)
Form 79	Date of visit (item 4a)

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

E ___
V ___
T ___

MDRD

Modification of Diet in Renal Disease Study Data Change Form

This form is to be completed for each data item other than those in the query system that the clinical center needs changed, added or deleted in the database.

FORM # 25

1. Patient Identification Number.....
2. Patient Name Code.....
3. Clinical Center
4. a. Date of form with incorrect data / /
- b. Visit Type.....
- c. Visit Number.....
5. Form number.....
6. a. Item number 1
- b. Correct Data Value (Enter decimal point if needed).....
- Note: the following items must occur on the same form as in Item 5.**
7. a. Item number 2
- b. Correct Data Value (Enter decimal point if needed).....
8. a. Item number 3
- b. Correct Data Value (Enter decimal point if needed).....
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

Retain a copy of this form for your files. Send the original to the MDRD Study Data Coordinating Center. Please use MDRD Study mailing labels:

MDRD Study Data Coordinating Center
Department of Biostatistics & Epidemiology
The Cleveland Clinic Foundation
9500 Euclid Avenue
Cleveland, Ohio 44195-5196