

Modification of Diet in Renal Disease Study
DATA OUT-OF-RANGE FORM

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)
Form 65	Date of visit (item 4a)
Form 66	Date form completed (item 101)

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DATE OF VISIT

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 ___

Form # 24
Page 1 of 1

MDRD

Modification of Diet in Renal Disease Study Data Out-of-Range Form

This form is to be completed for each data item that is not within a pre-defined value range, and thus could not be entered in Entrypoint 90.

FORM # 24

1. Patient Identification Number.....
 2. Patient Name Code.....
 3. Clinical Center
 4. a. Date of form with out-of-range value..... / /
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
