

**Modification of Diet in Renal Disease Study
EKG MAILING FORM**

This form is to be completed by the study coordinator. The original and one copy of the form should be sent with an original EKG (this must be 8 1/2 X 11 - do not send taped strips) and 1 copy of the strip to the DOC (who will deliver to the EKG Central Lab). Be sure to mark the patient ID number on the EKG tracing. Blank out patient name.

Complete this form for each required EKG, whether it was done or not.

Remember, post stop point Study C patients should be indicated by using visit type = K.

For DCC Use Only
Rev. 3 10/4/90

E ____
V ____
T ____

MDRD

Modification of Diet in Renal Disease Study EKG Mailing Form

This form is to be completed and a copy of the form should be made and sent with an original EKG to the DCC at B2 and annually starting at Follow-Up Visit #11. Complete for all required EKG's.

FORM # 18

1. Patient Identification Number..... _____
2. Patient Name Code..... _____
3. Clinical Center _____
4. a. Date EKG done (or date scheduled, if not done)..... ___/___/___
b. Visit Type..... _____
c. Visit Number..... _____
5. Was EKG performed? (1 = yes, 2 = no)..... _____
6. Standardization _____

1 = Standard	4 = Other
2 = One-half Normal	(_____)
3 = Twice normal	9 = Unknown

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 and 1 copy 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

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