

Modification of Diet in Renal Disease Study

Instructions for completing Form 60

**Food Record/24-Hour Recall Packing Slip
from Clinical Center to NCC**

Purpose: To be used as a cover letter when sending food records/recalls to the NCC.

Clinical Center

Fill in the two-digit code for your clinical center.

Date Sent

Date when the food records/recalls are sent to the NCC.

Certification Number of Person Filling Out Form

Certification Code of the person completing this form. The NCC will contact this person if information or records are missing from the package sent.

Did you attach the Nutrition Cover Sheet (Form 61) to the recalls or records?

Make sure each record/recall has a Nutrition Cover Sheet attached. If all records/recalls do have this form attached, please check yes.

Chart

For each record sent with this mailing fill in the patient ID, name code, the date of Day 1, visit type (B or F), visit number, and form number (Form 63 or Form 64).

Total Records

In the column marked "For Clinical Center use only: Number Sent," record the total number of 24-Hour Recalls and Three-Day Food Record forms sent with this packing slip. The "other" category refers to items that may be sent to the NCC in the future as part of an ancillary study. For an example having the NCC analyze a seven-day food record. This total should not be more than ten (the number of recalls/records listed individually on the packing slip). If more than ten records/recalls are being sent, please use more than one packing slip.

Send the original copy of the packing slip and the records/recalls to the NCC. Be sure to keep a copy of this packing slip in your files.

When the NCC receives the mailing from your center, a data entry staff member will confirm the number of records received, date the records received, indicate who received the mailing, and in which batch the records are placed.

At the end of each month, the NCC will notify each clinic by electronic mail which records were received from that clinic during that month. Please check this listing with your copy of the packing slip. If any records are missing from the NCC list, notify the NCC immediately.

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Clinical Center: ___ Date Sent: ___/___/___

Certification Number of person filling out form: _____

Did you attach the Nutrition Cover Sheet (Form #61) to the recalls and records? _____ Yes

Line Number	Patient ID	Name Code	Date of Day 1	Visit Type	Visit Number	Form Number
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

TOTAL RECORDS	For Clinical Center use only: Number Sent	For NCC use only: Number Received
24-Hour Recalls		
3-Day Food Records		
Other: _____ (specify)		

Send original of this form to MDRD Study Nutrition Coordinating Center in an envelope with the food records/ 24-hour recalls listed above and retain copy of this form in your Clinical Center file.

For NCC use only: Date received: ___/___/___

By Whom: _____ Batch No. _____

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