

Modification of Diet in Renal Disease Study
LOCAL LAB QUALITY CONTROL FORM

This form will be used once a month at each Clinical Center. The form will contain the second measurements from submitting a duplicate sample to the local lab in the DETERMINATION 2 SECTION.

QUESTION # INSTRUCTIONS

5. DETERMINATION 2 should be completed with lab values from sending a duplicate sample through the local lab later that same day or on the next day.

Be sure that any necessary conversions in units are taken care of and the value entered is in the proper units.

For DCC Use Only
Rev. 1 9/1/88

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MDRD

Modification of Diet in Renal Disease Study Local Lab Quality Control Form

This form is to be completed by each Clinical Center every month for quality control with duplicate samples on one patient. The first determination will be recorded on Form #6 with the local lab results. The duplicate sample results should be recorded here.

FORM # 20

1. Patient Identification Number.....
2. Patient Name Code.....
3. Clinical Center
4. a. Date of visit.....
b. Visit Type.....
c. Visit Number.....
5. Serum Determination 2 (Duplicate sample)
Be very careful to make any appropriate unit conversions.
 - a. Date of analysis.....
 - b. Urea Nitrogen (mg/dl).....
 - c. Creatinine (mg/dl)
 - d. Calcium (mg/dl)
 - e. Magnesium (mg/dl) (check units).....
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