

Modification of Diet in Renal Disease Study
PEER GROUP RANGE FORM

This form should be completed for each CAP sample sent to each Center as well as once for each set of CAP samples sent to record the Comparative Methods.

This form is completed by Central Biochemistry Lab personnel upon receipt of the DCC report with CAP data and methods from the Clinical Centers Form #21s.

Upon transmission of this form, the DCC will run the final CAP report.

QUESTION # INSTRUCTIONS

3. Enter the sequential CAP number and whether or not it was a repeat measurement.

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For DCC Use Only
Rev. 3 7/15/89

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V ___
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Form # 39
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**Modification of Diet in Renal Disease Study
Peer Group Range Form
Clinical Centers**

This form will be completed 16 times by the Central Biochemistry Lab personnel (once for each center and once for the Comparative Method) for each CAP sample sent out.

FORM # 39

- 1. Clinical Center (0 = Comparative Method)
- 2. Date of Analysis at Local Centers / /
(Use date samples sent from CBL for Comparative Method)
- 3. a. Sample Number.....
- b. Was this a repeat measurement? (1 = yes, 2 = no).....

| | Peer Group Mean | Peer Group S.D. |
|--------------------------------|--------------------|--------------------|
| 4. Serum Urea Nitrogen (mg/dl) | _____ | _____ |
| 5. Serum Creatinine (mg/dl) | _____ | _____ |
| 6. Serum Calcium (mg/dl) | _____ | _____ |
| 7. Serum Magnesium (mg/dl) | _____ | _____ |

- 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

2.208