

e. MDRD Phase V Study 3 Enrollment and Mailing Form

This form is for the plasma and urine for Study 3, the MDRD Close Out Sample Storage Bank. It can be done at any visit up until Close Out, as soon as the patient has consented. The form will be sent with the specimens to the Central Biochemistry Laboratory. When it is complete, key enter and transmit to the DCC.

- 1. ID _____
- 2. Namecode _____
- 3. Clinic _____

Platelets

- 4. Platelet value from the Close Out Visit _____

Enrollment

- 5. Did the patient sign the Study 3 consent form? (1=yes, 2=no) _____
- 6. Date consent form signed ___/___/___

Plasma

- 7. How many tubes of heparinized plasma have been sent? (0, 1 or 2) _____
- 8. Date heparinized plasma drawn ___/___/___
- 9. Date heparinized plasma sent ___/___/___
- 10. How many tubes of EDTA plasma have been sent? (0, 1 or 2) _____
- 11. Date EDTA plasma drawn ___/___/___
- 12. Date EDTA plasma sent ___/___/___

Urine

- 13. How many extra aliquots of the 24-hour urine have been sent? (0, 1, 2, 3 or 4) _____
- 14. Date urine collection completed ___/___/___
- 15. Volume of 24-hour urine (including acetic acid)ml _____
- 16. Date urine sent ___/___/___
- 17. How many tubes of freshly voided urine have been sent? (0, 1, 2, 3 or 4) _____

- 18. Date urine voided _/ _/ _
- 19. Date urine sent _/ _/ _

- 101. Date this form completed _/ _/ _
- 102. Certification number of person completing this form _ _ _ _
- 103. Date form entered _/ _/ _
- 104. Certification number of person entering form _ _ _ _

For Central Biochemistry Use Only

Date samples received _/ _/ _

Comments on samples: