

**Modification of Diet in Renal Disease Study
STUDY C ASSIGNMENT**

This form is to be completed by the Study Coordinator when a patient is eligible for Study C.

QUESTION # INSTRUCTIONS

4. The patient must sign a new informed consent for Study C, agreeing to begin Diet K. If the patient refuses, enter 2 = no.

- 5-6. Complete keto acid prescription. Dietitian should do calculations - a report will not be generated. Do not complete Form 71 and only complete Form 72 if other nutrients are changing. Do not complete Protein Prescription section of Form 72.

For DCC Use Only
Rev. 3 11/14/90

E ___
V ___
T ___

MDRD

Modification of Diet in Renal Disease Study Study C Assignment

This form is to be completed by the Clinical Center when a patient enters Study C.

FORM # **31**

1. Patient Identification Number.....

2. Patient Name Code.....

3. Clinical Center

4. a. Has the patient signed the Study C Informed Consent Form? (1 = yes, 2 = no)

b. Date form sent to Data Coordinating Center..... / /

5. **Keto Acid Tablets Prescription**--For participants on Diet K who are on prescribed **tablets**. (Daily dose = 0.28 gm per kg Standard Body Weight. One tablet contains 0.93 gm keto acids.) If not prescribed, enter "0".

a. Total Number of Keto Acid Tablets Prescribed Daily

Distribute tablets based roughly on calorie distribution of meals:

b. Number of tablets at morning meal

c. Number of tablets at midday meal

d. Number of tablets at evening meal

6. **Keto Acid Packets Prescription**--For participants on Diet K who are on prescribed **packets**. (Daily dose = one packet (2.8 gm) per 10 kg Standard Body Weight.) If not prescribed, enter "0".

a. Total Number of Keto Acid Packets Prescribed Daily

(See Study Diet Prescription Report)

Distribute packets based roughly on calorie distribution of meals:

b. Number of packets at morning meal.....

c. Number of packets at midday meal

d. Number of packets at evening meal.....

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