



L-PVDOMICS STUDY

Center Comprehensive Metabolic Panel (CMP)

Results Form #601

Instructions: One Comprehensive Metabolic Panel results is expected for **all Levels of participation**. The BMP results recorded on this form must all be from the same blood collection date documented in Q4. The liver function tests (LFTs) must all be from the same blood collection date documented in Q14. The database will allow entry of results even if some results may be missing.

Note: Lab draw date should be:

1) At least 6 months past the enrollment date of the PVDOMICS (parent) Study

2) No more than 3 months prior to or after Form 500 L-PVDOMICS Study enrollment date

Exception: Collect all data after the parent study up until the heart/lung transplant or death if the event occurred within 6 months after the parent study enrollment. Send completed F600 to the DCC for data entry.

3) If multiple CMP results available, use the one closest to the Form 500 L-PVDOMICS Study enrollment date.

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1. Identification Number

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2. Alphacode

3. Was a set of BMP/LFT's results available within the parameters described above?..... ____
(0=No, 1=Yes. Note: If yes, at least one result must be entered before form can be saved in database.)

BMP/CMP Results

4. Date blood drawn for BMP (mm/dd/yyyy)..... ____/____/____

a. Did participant fast prior to blood collection? (0=No, 1=Yes, 9=Unknown)..... ____

b. How many hours prior to collection did participant fast? ____ . ____

5. Calcium (mg/dL) ____ . ____

6. Glucose (mg/dL)..... ____ ____ ____

7. Blood urea nitrogen (BUN) (mg/dL)..... ____ ____ ____

8. Serum Creatinine (mg/dL) ____ . ____ ____

Calculated eGFR (mL/min/1.73 m²)

9. Sodium (mmol/L)..... ____ ____ ____

10. Potassium (mmol/L) ____ . ____

11. Chloride (mmol/L)..... ____ ____ ____

12. CO₂ (mmol/L) ____ ____ ____

13. Anion Gap (mmol/L) **Liver Function Tests (LFTs)**

14. Date blood drawn for liver function tests (mm/dd/yyyy) ____/____/____

15. Total protein (g/dL)..... ____.

16. Albumin (g/dL) ____.

17. Total bilirubin (mg/dL) ____.

18. Alkaline phosphatase (U/L)..... ____
(Use the single space to indicate "<" or ">")19. Aspartate aminotransferase (AST) (U/L) ____
(Use the single space to indicate "<" or ">")20. Alanine aminotransferase (ALT) (U/L)..... ____
(Use the single space to indicate "<" or ">")

200. Date form completed (mm/dd/yyyy) ____/____/____

201. Username of person completing/reviewing completeness of this form..... _____

Clinical Center Use Only

Date form entered (mm/dd/yyyy) ____/____/____

Username of person entering this form _____