PVDOMICS

PVDOMICS STUDY
Center Complete Metabolic Panel (CMP)
Results Form #201

Instructions: One Clinical Center CMP results is expected. The results recorded on this form must all be from the same blood collection date documented in Q3: If some results are from a different date, complete an additional Form 201 using that date.

Note: Lab draw must be no more than one month before the Form 100 date.

1. Identification Number 2. Alphacode 3. a. Date blood drawn (mm/dd/yyyy)

4. a. Did participant fast prior to blood collection? (0=No, 1=Yes, 2=Historical) ..... ___
   b. How many hours prior to collection did participant fast? ..... ___ ___ .___
5. Date sample analyzed (mm/dd/yyyy) ..... ___ ___/___ ___/___ ___ ___ ___

CMP Results

6. Total protein (g/dL) ..... ___ ___.___
7. Albumin (g/dL) ..... ___.___
8. Calcium (mg/dL) ..... ___ ___.___
9. Total bilirubin (mg/dL) ..... ___ ___.___
10. Alkaline phosphatase (U/L) ..... ___ ___ ___.___
    (Use the single space to indicate "<" or ">")
11. Aspartate aminotransferase (AST) (U/L) ..... ___ ___ ___.___
    (Use the single space to indicate "<" or ">")
12. Alanine aminotransferase (ALT) (U/L) ..... ___ ___ ___ ___.___
    (Use the single space to indicate "<" or ">")
13. Glucose (mg/dL) ..... ___ ___ ___ ___
14. Blood urea nitrogen (BUN) (mg/dL) ..... ___ ___ ___
15. a. Serum Creatinine (mg/dL) ..... ___.___ ___

    Calculated eGFR (mL/min/1.73 m^2) ..... ___ ___ ___.___

16. Sodium (mmol/L)..... ___ ___ ___

17. Potassium (mmol/L) ..... ___ .___

18. Chloride (mmol/L)..... ___ ___ ___

19. CO2 (mmol/L) ..... ___ ___

20. Anion Gap (mmol/L) ..... ___ ___

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___ ___ ___ ___ ___ ___ ___