



Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* HALT PKD ID number, clinical center ID, and visit number.

Participant ID: \_\_\_\_\_ *haltid* Clinical Center: \_\_\_\_\_ *clinic* Date of Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month *dvm* day *dvd* year *dvy*

visit:

\_\_\_Form was not completed *misfrm*

Missing Data Codes: A-Participant Refused B-Reading Not Possible C-Institutional Error

**REQUIRED LAB RESULTS FORM—(PCC or Local Lab)**

**Form # 9**

This form is to be entered within 3 business days of safety labs L1-L4, and 2 weeks of all other visits. If necessary, check “abnormal” and comment below. Enter required results from the PCC lab, collected at the Screening Visit, before Form 10.

Lab used: *lrlab*      1  PCC  
    2  Quest Diagnostic Laboratories  
    3  Other \_\_\_\_\_ *lrlabdesc*

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Collection Time (24hr): \_\_\_\_\_:\_\_\_\_\_ *lrshr : lrsmn*

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1  Fasting    2  Non-Fasting \* *lrsfast*

\*At the initial study visit, fasting is required (water only for at least 8 hours). If ‘non-fasting’ is selected for the S or SB1 visit, indicate what was eaten *lrsmeal*

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1  a large meat/fish protein meal (>1.3 g/kg/d)  
 2  a small amount of meat/fish protein  
 3  no meat/fish protein was eaten

Note: MOP section 8.1.2.2 states, “A GCRC dietician will give guidelines for food portions <1.3 g/kg/d (~91 grams of protein, ~11.4 ounces of meat) to participants.”

**Important:** If participant is taking Digoxin, report required results on Required Safety Lab Results Form 51. Report all optional/additional serum creatinine and potassium results on Required Safety Lab Results Form 51.



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Serum Chemistry	Units	Results	Abnormal (Check if Yes)
Sodium	mEq/L or mmol/L	<i>lrsna</i>	<input type="checkbox"/> <i>lrsnaab</i>
Potassium	mEq/L or mmol/L	<i>lrsk</i>	<input type="checkbox"/> <i>lrskab</i>
Chloride	mEq/L or mmol/L	<i>lrsc1</i>	<input type="checkbox"/> <i>lrsc1ab</i>
Total CO2	mEq/L or mmol/L	<i>lrsc2</i>	<input type="checkbox"/> <i>lrsc2ab</i>
Glucose	mg/dL	<i>lrsglu</i>	<input type="checkbox"/> <i>lrsgluab</i>
BUN (Urea Nitrogen)	mg/dL	<i>lrsbun</i>	<input type="checkbox"/> <i>lrsbuna</i>
Creatinine (PCC/non-central)	1 <input type="checkbox"/> Original <i>eqtype</i>	<i>lrscrea</i>	<input type="checkbox"/> <i>lrscreaab</i>
	2 <input type="checkbox"/> IDMS		
GFR (calculated per MDRD)	ml/min/1.73 m <sup>2</sup>	<i>lrsgr</i>	
SGOT (AST)	U/L	<i>lrsgot</i>	<input type="checkbox"/> <i>lrsgotab</i>
SGPT (ALT)	U/L	<i>lrspt</i>	<input type="checkbox"/> <i>lrsptab</i>
Alkaline Phosphatase	U/L	<i>lrsalk</i>	<input type="checkbox"/> <i>lrsalkab</i>
Total Bilirubin	mg/dL	<i>lrsbili</i>	<input type="checkbox"/> <i>lrsbiliab</i>
Calcium	mg/dL	<i>lrsca</i>	<input type="checkbox"/> <i>lrscaab</i>
Phosphorus	mg/dL	<i>lrsp</i>	<input type="checkbox"/> <i>lrspab</i>
Albumin	1 <input type="checkbox"/> mg/dL <i>lrsalbunit</i>	<i>lrsalb</i>	<input type="checkbox"/> <i>lrsalbab</i>
	2 <input type="checkbox"/> g/dL		

Hematology	Units	Results	Abnormal (Check if Yes)
White Blood Cells	1 <input type="checkbox"/> K/ $\mu$ L or $\times 10^9/L$ <i>lrhwbcunit</i>	<i>lrhwbc</i>	<input type="checkbox"/> <i>lrhwbcab</i>
	2 <input type="checkbox"/> Cells/ $\mu$ L or Cells/mm <sup>3</sup>		
Hemoglobin	g/dL	<i>lrhbb</i>	<input type="checkbox"/> <i>lrhbbab</i>
Hematocrit	%	<i>lrhct</i>	<input type="checkbox"/> <i>lrhctab</i>
Platelets	1 <input type="checkbox"/> K/ $\mu$ L or $\times 10^9/L$ <i>lrhpltunit</i>	<i>lrhplt</i>	<input type="checkbox"/> <i>lrhpltab</i>
	2 <input type="checkbox"/> Cells/ $\mu$ L or Cells/mm <sup>3</sup>		



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Urine	Units	Results	Abnormal (Check if Yes)
Albumin	1 <input type="checkbox"/> mg/dL <i>lrualbunit</i>	<i>lrualb</i>	
	2 <input type="checkbox"/> mcg/mL		
	3 <input type="checkbox"/> mg/L		
Creatinine	1 <input type="checkbox"/> mg/dL <i>lrucreaunit</i>	<i>lrucrea</i>	
	2 <input type="checkbox"/> mg/L		
Albumin/Creatinine Ratio (calculated)	N/A	<i>lruac</i>	
β-HCG <i>lruhcgna</i> 1 <input type="checkbox"/> N/A	1 <input type="checkbox"/> qualitative (+ / - ) <i>lruhcgunit</i>	<i>lruhcg</i>	<input type="checkbox"/> <i>lruhcgab</i>
	2 <input type="checkbox"/> quantitative-mIU/mL		
	3 <input type="checkbox"/> other		

Comments \_\_\_\_\_ *lrcmt*

\*\*\*\*\*  
 HALT PKD staff member completing this form: \_\_\_\_\_ *cmidnum* Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month *cdm* Day *cdd* Year *cdy*

Data Entry Status: Please check to indicate that the above information has been entered

Primary Entered by: \_\_\_\_\_ *deidnum* Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ *dem / ded / dey*

Secondary Entered by: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_