SAMPLE ONLY. Central Laboratory results will be provided to the DCC electronically and will neither require the completion nor entry of this form by the clinical sites.

Central Laboratory Variables – Version 06/30/2005

Patient ID __ __ __ - __ __ __ __ - __ __ **Form Completion Date** __ __ / __ __ / 20 __ __
mm dd yy

Certification number: ___ ___ ___ ___ ___ **Visit:** _____

Blood:

		Blood Draw date	Not Done
HDL	_____(mg/dl)	__ __ / __ __ / 20 __ __	☐
LDL	_____(mg/dl)	__ __ / __ __ / 20 __ __	☐
Total Cholesterol	_____(mg/dl)	__ __ / __ __ / 20 __ __	☐
Triglycerides	_____(mg/dl)	__ __ / __ __ / 20 __ __	☐
Hemoglobin A1C	__ __ . __ (%)	__ __ / __ __ / 20 __ __	☐
Fasting Insulin	_____(mU/ml)	__ __ / __ __ / 20 __ __	☐
C-reactive protein	_____(mg/dl)	__ __ / __ __ / 20 __ __	☐
Serum Creatinine	_____(mg/dl)	__ __ / __ __ / 20 __ __	☐
Cystatin C	_____(mg/L)	__ __ / __ __ / 20 __ __	☐

Urine:

		Urine collection date	Not Done
Albumin	_____(mg/dl)	__ __ / __ __ / 20 __ __	☐
Creatinine	_____(mg/dl)	__ __ / __ __ / 20 __ __	☐
Albumin to creatinine ratio (%)	__ __ . __ %	__ __ / __ __ / 20 __ __	☐