

Entered: __/__/20__ Initials: _____ Verified: __/__/20__ Initials: _____
For office use only.

Local Laboratory Variables – Version 06/30/2005

Patient ID _____ - _____ - _____

Form Completion Date __/__/20__
mm dd yy

Certification number: _____

Visit: _____

		Blood Draw date	Not Done
Fasting Glucose	_____ (mg/dl)	__/__/20__	<input type="checkbox"/>
Hematocrit	____ . ____ %	__/__/20__	<input type="checkbox"/>
Total Bilirubin	_____ (mg/dl)	__/__/20__	<input type="checkbox"/>
ALT *	_____ (IU/L)	__/__/20__	<input type="checkbox"/>
AST *	_____ (IU/L)	__/__/20__	<input type="checkbox"/>
Albumin	_____ (g/dl)	__/__/20__	<input type="checkbox"/>
Alkaline Phosphatase	_____ (IU/L)	__/__/20__	<input type="checkbox"/>
Platelet	_____ ($10^3/\text{mm}^3$)	__/__/20__	<input type="checkbox"/>
Total White Count	_____ (mm^3)	__/__/20__	<input type="checkbox"/>

* In addition to the baseline and yearly follow-ups, ALT and AST are collected at the 6-month follow-up visit. No other laboratory values will be collected at 6-months.

LOCAL LABORATORY VARIABLES (LL)

PURPOSE: PERSON(S) RESPONSIBLE: SOURCES OF INFORMATION: WHEN TO COMPLETE THIS FORM: GENERAL INSTRUCTIONS (Patient) GENERAL INSTRUCTIONS: (Clinician/Surgeon) SCORING ALGORITHM:	<p>To collect local laboratory results from blood draw taken from patients aged 18 years or older enrolled in LABS-1, who have provided informed consent for LABS-2, prior to bariatric surgery.</p> <p>Coordinator Coordinator</p> <p>This questionnaire should be completed immediately following the availability of local laboratory results.</p> <p>n/a</p> <p>The Local Laboratory Variables (LL) should be completed by the clinical coordinator and entered into MATRIX.</p> <p>N/A</p>
DATA SECTION	COMPLETION INSTRUCTIONS
PATIENT ID: FORM COMPLETION DATE: CERTIFICATION NUMBER:	<p>Record the patient's ID number. The ID number is assigned via the ID registration application of the MATRIX Web Data Management System (MATRIX). Instructions on using this application are included in the MATRIX Manual. The ID should be written on every page of the LL form prior to completion.</p> <p><i>NOTE: The patient ID number is the same as that assigned to the patient as part of the LABS-1 study.</i></p> <p>Coordinator records date of form completion (mm/dd/20yy). This is the date when the form was filled in.</p> <p>Coordinator records his or her certification number.</p>

See Section 6 - Specimen Collection of the LABS-2 MOP for further details on processing blood draws and laboratory variables.

<http://www.edc.gsph.pitt.edu/labs/Research/Documents/LABS-2/ManualofOperation/ProtocolsandMeasurements/LABS-2%20MOP%20Section%206%20-%20Specimen%20Collection.pdf>