

SAMPLE ONLY. The required samples will be sent to the Central Repository and will not require the completion or entry of this form. At a later date, study leadership will determine what assays will be run using the stored samples.

Repository Variables – Version 06/30/05

Patient ID _____ - _____ - _____

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

Certification number: _____

Visit: _____

Proposed Assays:

Non-esterified fatty acids	_____ (mg/dl)
PTH	_____ (ng/ml)
Calcium	_____ (mg/L)
Vitamin D	_____ (ng/ml)
Vitamin B12	_____ (pg/ml)