



PhenX Measure: Serum Creatinine Assay (#141400)

PhenX Protocol: Serum Creatinine Assay (#141401)

Date of Interview/Examination (MM/DD/YYYY): _____

SP= Sample Person.

1. Do you have hemophilia?

1 Yes ->Exclude (Reason: Hemophilia)

2 No -> Continue

7 Refused -> Continue

9 Don't Know -> Continue

2. Have you received cancer chemotherapy in the past four weeks or do you anticipate such therapy in the next four weeks?

1 Yes ->Exclude (Reason: Chemotherapy)

2 No -> Continue

7 Refused -> Continue

9 Don't Know -> Continue

3. Please mark reason for exclusion

Hemophilia

Received cancer chemotherapy in the last 4 weeks

None - proceed with Blood draw.

4.1 Was blood drawn?

Yes

No - Record reason below

4.2 Was full amount obtained?

Yes

No - Record reason below

4.3 Record any comments about the blood draw, including any reasons for the tube not being drawn according to the protocol.

5. Record any comments about the sample during processing:

6. Make and manufacturer of the equipment used to determine the concentration of serum creatinine:

7. Repeatability of the assay: _____

8. Coefficient of variation for the assay: _____

9. Concentration of Serum Creatinine: _____ (mg/dL)