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DATE ☐☐-☐☐-☐☐ 17

ID ☐-☐☐☐☐☐☐-☐☐☐☐ 6 16

NAME

Attach ID Label Here

MULTIPLE RISK FACTOR INTERVENTION TRIAL

CLINICAL CENTER LABORATORY REPORT FORM FOR SECOND SCREEN

BLOOD

WBC2S 1. White Blood Cell Count 23 ☐☐.☐ no./mm^3 x 10^3

HEMA2S 2. Hematocrit 26 ☐☐.☐ (vol. %)

3. Observation of Plasma after 16 hours at 4° C:

Cream layer present 29 1 ☐ yes 2 ☐ no

URINALYSIS (LABSTIX)

Check the appropriate box for each determination.

UBLOOD2S 4. Blood

30 1 ☐ negative 2 ☐ small 3 ☐ moderate 4 ☐ large

UKETON2S 5. Ketones

31 1 ☐ negative 2 ☐ small 3 ☐ moderate 4 ☐ large

UGLUC2S 6. Glucose

32 1 ☐ negative 2 ☐ light 0.25g/dl 3 ☐ medium 4 ☐ dark 0.5g/dl or more

UPROT2S 7. Protein

33 1 ☐ negative 2 ☐ trace 3 ☐ + 30 mg/dl 4 ☐ ++ 100 5 ☐ +++ 300 6 ☐ ++++ 1000

UPH2S 8. pH

34 1 ☐ – 2 ☐ five (5) 3 ☐ six (6) 4 ☐ seven (7) 5 ☐ eight (8) 6 ☐ nine (9)