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)