PhenX Measure: Urinary Creatinine Assay (#141600)
PhenX Protocol: Urinary Creatinine Assay (#141601)

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

1. Record any comments about the urine collection, including whether or not urine was collected, whether the volume of urine was sufficient or required a second specimen, and whether blood is present or visible in the specimen.

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2. Record any comments about the urine during processing.

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3. Make and manufacturer of the equipment used to determine the concentration of urinary creatinine.

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________________________________________________________________________
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4. Repeatability of the assay: _____________________________________________

5. Coefficient of variation for the assay: _____________________________________________

6. Concentration of urinary creatinine: _______________ (mg/kg/d or g/d)