



PhenX Measure: Urinary Microalbumin Assay (#141500)
PhenX Protocol: Urinary Microalbumin Assay (#141501)

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.

2. Record any comments about the urine during processing.

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

4. Repeatability of the assay: _____

5. Coefficient of variation for the assay: _____

6. Concentration of urinary albumin: _____ (mg/L)