

**Baby hug Follow-up Study (BHFS)
DTPA/GFR**

Form 022
Revision 2

Tue Sep 22 10:27:38 EDT 2015

Subject: SUBJECT_ID	Letter Code: LETTER_CD	Visit: VISIT_NBR
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1. Visit Date: VISIT_DT

PART II: ANTHROPOMETRICS

- 1. Height
- 2. Weight

HEIGHT	cm
WEIGHT	kg

PART III: DTPA MEASUREMENTS

- 1. Standard syringe activity
 - A. Pre
 - B. Post
 - C. Standard Activity

STSAPRE	mCi
STSAPOST	mCi
STSASTAC	mCi

- 2. Dose syringe activity

- A. Pre
- B. Post
- C. Dose Administered
- D. Time DTPA administered

DSSAPRE	mCi
DSSAPOST	mCi
DTPADOSE	mCi
DTPAHR	DTPAMN

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3. Room (water) background

A. First count:	ROOMFRST cpm	
B. Second count:	ROOMSEC cpm	ROOMSCND

4. Standard

A. First count:	STNDFRST cpm	
B. Second count:	STNDSEC cpm	STNDSCND

5. A. One-hour time (24-hr. clock)

	ONEHR ONEMN	
B. DTPA measurement	ONEDTPA cpm	ONE_ND
C. Second DTPA measurement	ONEDTPA2 cpm	ONE_ND2

6. A. Two-hour time (24-hr. clock)

	TWOHR TWOMN	
B. DTPA measurement	TWODTPA cpm	TWO_ND
C. Second DTPA measurement	TWODTPA2 cpm	TWO_ND2

7. A. Four-hour time (24-hr. clock)

	FORHR FORMN	
B. DTPA measurement	FORDTPA cpm	FOR_ND
C. Second DTPA measurement	FORDTPA2 cpm	FOR_ND2

8. GFR from DTPA

A. GFR:	GFRDTP_A ml/min
B. GFR:	GFRDTP_B ml/min/m ²
C. GFR	GFRDTP_C ml/min/1.73m ²

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Part IV: TECHNICIAN

- 1. Technician Name:
- 2. Signature:

EXAMINER_NM
SIGNATURE

PART V: COORDINATION

- 1. Checked for completeness and accuracy:
 - A. Certification number:
 - B. Signature
 - C. General Comments

CERT_NO
CERT_SIG
GEN_CMNT