

Comprehensive Sickle Cell Centers	Hematuria	Renal/Genitourinary CRF Page 3 of 5
Protocol # 2 Collaborative Data Project	Form Completed by <input type="text" value="REN4:COMPINT"/>	CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}

How many times has this subject had hematuria during the report period?

For the **worst** case of hematuria in any 1 month:

Delete Event

Date of event: / /
DD **MMM** **YYYY**

Was macroscopic or gross blood seen in the urine? ☐ (REN5:HEMAQ1)Yes ☐ (REN5:HEMAQ1)No

Was the blood present only on a urinalysis or dipstick? ☐ (REN5:HEMAQ2)Yes ☐ (REN5:HEMAQ2)No

Urinalysis results:

Protein:

☐ (REN5:PROTEIN)Negative ☐ (REN5:PROTEIN)Trace ☐ (REN5:PROTEIN)30 mg/dL or 1+ ☐ (REN5:PROTEIN)100 mg/dL or 2+ ☐ (REN5:PROTEIN)300 mg/dL or 3+ ☐ (REN5:PROTEIN)2000 mg/dL or 4+

Blood:

☐ (REN5:BLOOD)Negative ☐ (REN5:BLOOD)Trace ☐ (REN5:BLOOD)Small or 1+ ☐ (REN5:BLOOD)Moderate or 2+ ☐ (REN5:BLOOD)Large or 3+

Nitrite:

☐ (REN5:NITRITE)Negative ☐ (REN5:NITRITE)Positive

Leukocyte Esterase:

☐ (REN5:LEUKEST)Negative ☐ (REN5:LEUKEST)Trace ☐ (REN5:LEUKEST)Small or 1+ ☐ (REN5:LEUKEST)Moderate or 2+ ☐ (REN5:LEUKEST)Large or 3+

WBC: / HPF

RBC: / HPF

Urine culture results: ☐ (REN5:RESULT)Not Done

☐ (REN5:RESULT)Done and no growth

☐ (REN5:RESULT)Done and positive:

Add Event

Submit Query

Cancel

Print