

Comprehensive Sickle Cell Centers	Proteinuria/Nephrotic Syndrome	Renal/Genitourinary CRF Page 5 of 5
Protocol # 2 Collaborative Data Project	Form Completed by <input type="text" value="REN8:COMPINT"/>	CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}

How many times has this subject had proteinuria/nephrotic syndrome during the report period?

For the **worst** case of proteinuria/nephrotic syndrome in any 1 month:

Date of event: / / (dd/mmm/yyyy)

Urinalysis results:

Protein:

(REN9:PROT) Negative
 (REN9:PROT) Trace
 (REN9:PROT) 30 mg/dL or 1+
 (REN9:PROT) 100 mg/dL or 2+
 (REN9:PROT) 300 mg/dL or 3+
 (REN9:PROT) 2000 mg/dL or 4+

Blood (or heme):

(REN9:BLOOD) Negative
 (REN9:BLOOD) Trace*
 (REN9:BLOOD) Small or 1+
 (REN9:BLOOD) Moderate or 2+
 (REN9:BLOOD) Large or 3+

Nitrite:

(REN9:NITRITE) Negative
 (REN9:NITRITE) Positive

Leukocyte Esterase:

(REN9:LEUKO) Negative
 (REN9:LEUKO) Trace
 (REN9:LEUKO) Small or 1+
 (REN9:LEUKO) Moderate or 2+
 (REN9:LEUKO) Large or 3+

*This includes trace non-hemolyzed, moderate non-hemolyzed, and hemolyzed trace.

WBC: /HPF RBC: /HPF

What was the timed urine result (standardize to mg/24 hours)?

Date recorded: / / (dd/mmm/yyyy)

What was the lowest total serum protein recorded? mg/dL

Date recorded: / / (dd/mmm/yyyy)

What was the highest creatinine recorded? mg/dL

Date recorded: / / (dd/mmm/yyyy)

Has dialysis been required? (REN9:DIALYN) Yes (REN9:DIALYN) No

If yes:

Type(s): (REN9:HEMO) Hemodialysis (REN9:PERI) Peritoneal dialysis

Ongoing?: (REN9:DIAONGO) Yes (REN9:DIAONGO) No

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