Pediatric Heart Network: Fontan Cross-Sectional Study

PHN-01

Form F13B: Fontan B-Type Natriuretic Peptide (BNP) Result Form

Section A: KEY IDENTIFYING INFORMATION				
A1. Study Identification Number				
Replaced by blinded subject ID				
subj_id Blinded subject ID				
Blinded site ID <created var=""></created>				
site_id Blinded site ID				
A2. Acrostic Identifier				
Removed to protect privacy				
A3. Name of MCLCT contact	PRINT FULL NAME			
Removed to protect privacy				
A4. Specimen collection date	\overline{M} \overline{M} \overline{D} \overline{D} \overline{D} \overline{Y} \overline{Y} \overline{Y} \overline{Y}			
Replaced by age				
SPECIM_AGE <created var=""> Age (yrs) of the s</created>	ubject at A4. Specimen collection date			
A5. MCLCT accession number (apply label)				
Removed to protect privacy				
Section B: T	EST RESULT			
B1. Date sample received	\overline{M} \overline{M} \overline{D} \overline{D} \overline{D} \overline{Y} \overline{Y} \overline{Y} \overline{Y}			
Replaced by age				
SAMPR_AGE <created var=""> Age (yrs) of the su</created>	ubject at B1. Date sample received			
B2. Was assay completed?	YES 1 NO 2 (B2.c)			
ASSAYDN B2. Was assay completed				
a. Date assay completed	$\frac{1}{M} = \frac{1}{M} = \frac{1}$			
Replaced by age	ואו וואו די זי טי טיוואו			
ASSAY_AGE <created var=""> Age (yrs) of the su</created>	ubject at B2a. Date assay completed			
Fontan B-Type Natriuretic Peptide Form F13B	Version A: 08-20-02 Page 1 of 2			

Pediatric Heart Network: Fontan C	Cross-Sectional Study
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rolli 1736. Folitali 6-1 ype Nathuretic Feptide (BNF) nesuit Foliti				
b.	BNP as	ssay result	·	_ pg/ml (B3)
BNP	B2b. BN	IP assay result (pg/ml)		
_bnp	<create< td=""><td>d var> BNP assay result</td><td>, with -77 recoded to 4.0 (pg/ml)</td><td>)</td></create<>	d var> BNP assay result	, with -77 recoded to 4.0 (pg/ml))
C.	Reasor	n assay was not comple	eted	
			INSUFFICIENT QUANT	ITY1
			HEMOLYSIS	2
			OTHER	99
			1. If OTHER, specify:	
REAS	SNOTD	B2c. Reason assay was	not completed	
SPE	COTRS	B2c1. Reason assay was	s not completed: specify	
B3. C	omment	S		
BNPC	OMM E	33. Comments		
	I			

FORMSTAT_ID	Unique form/subject ID		
FORM_ID	4 letter code for the form		
VER_ID	1 letter code added to form code to make unique form/version		
DESTATUS	Form completion		

Mayo Central Laboratory for Clinical Trials Mayo Foundation, Joseph 5-223 200 First Street SW Rochester, MN 55905 Medical Director: George G. Klee, MD, PhD

Fontan B-Type Natriuretic Peptide	Form F13B	Version A: 08-20-02	Page 2 of 2
(BNP) Result Form			