

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number _____ - _____ - _____

Replaced by blinded subject ID

subj_id	Blinded subject ID
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Blinded site ID <created var>

site_id	Blinded site ID
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A2. Acrostic Identifier _____

Removed to protect privacy

A3. Name of MCLCT contact _____

PRINT FULL NAME

*Removed to protect privacy*A4. Specimen collection date _____ / _____ / _____
M M D D Y Y Y Y*Replaced by age*

SPECIM_AGE	<created var> Age (yrs) of the subject at A4. Specimen collection date
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A5. MCLCT accession number (apply label) _____

*Removed to protect privacy***Section B: TEST RESULT**B1. Date sample received _____ / _____ / _____
M M D D Y Y Y Y*Replaced by age*

SAMPR_AGE	<created var> Age (yrs) of the subject at B1. Date sample received
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B2. Was assay completed? YES.....1 NO.....2 (B2.c)

ASSAYDN	B2. Was assay completed
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a. Date assay completed _____ / _____ / _____
M M D D Y Y Y Y*Replaced by age*

ASSAY_AGE	<created var> Age (yrs) of the subject at B2a. Date assay completed
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b. BNP assay result _____ . _____ pg/ml (B3)

BNP	B2b. BNP assay result (pg/ml)
_bnp	<created var> BNP assay result, with -77 recoded to 4.0 (pg/ml)

c. Reason assay was not completed

INSUFFICIENT QUANTITY1

HEMOLYSIS2

OTHER.....99

1. If OTHER, specify:

REASNOTD	B2c. Reason assay was not completed
SPECOTRS	B2c1. Reason assay was not completed: specify

B3. Comments _____

BNPCOMM	B3. Comments
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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

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