



Electrolyte Panel Results (EP-1)

Purpose: Record collection information, processing location, and electrolyte panel results.
When: After electrolyte panels are processed at EN, F3, F6, and F9 visits.
Completed by: CitAD certified personnel.
Information obtained from: Lab results.
Instructions: Transfer results of the electrolyte panel to this form. Put the visit ID (in item 5) corresponding to the visit at which the bloods were drawn. Attach a copy of the lab results to this form. Black out any identifying information on the copy of the lab results.

A. Clinic, patient, and visit identification

- 1. Clinic ID: _____
- 2. Patient ID: C _____
- 3. Patient four-letter code: _____
- 4. Date form completed:

 day month year
- 5. Visit ID: _____
- 6. Form revision date:
 2 7 0 c t 1 1
 day month year

B. Collection information

- 7. Date sample was drawn:

 day month year

C. Processing location

- 8. The electrolyte panels were processed at
(check only one):
 MUSC (1)
 Local lab (2)

D. Electrolyte panel results

Note that mmol/L and mEq/L are the same for sodium, potassium, and chloride.

- 9. Sodium: _____
mmol/L or mEq/L
- 10. Potassium: _____
mmol/L or mEq/L
- 11. Chloride: _____
mmol/L or mEq/L
- 11a. Magnesium (enter only i or ii):
 i. In mg/dL: _____
mg/dL
 ii. In mmol/L: _____
mmol/L

E. Administrative information

- 12. Date form reviewed by study physician:

 day month year
- 13. Study physician ID: _____
- 14. Study physician signature:

- 15. Date form reviewed by study coordinator:

 day month year
- 16. Study coordinator ID: _____
- 17. Study coordinator signature:
