FORM 02: STUDY BLOOD CHEMISTRY PROFILE

PATIENT ID#: ____ ____ ____

PATIENT INITIALS: ____ ____ ____

LAB: _____

Center: _____

Form completed by: _____

BLOOD CHEMISTRY	Day #1	Day #2	Day #3	Day #4	Day #5	Day #6	Day #7
Date:							
1. Glucose mg/dL							
2. BUN mg/dL							
3. Creatinine mg/dL*							
4. Sodium mEq/L							
5. Potassium mEq/L							
6. Chloride mEq/L							
7. CO2 mEq/L							
8. Total bilirubin mg/dL							
9. Alkaline phosphatase U/L							
10. LDH U/L							
11. GGT U/L							
12. AST U/L							
13. ALT U/L							
14. Total protein g/dl							
15. Albumin g/dl							
16. Mg							
17. Phos							
18. Ca^{2+}							
19. Other _____							
20. Other _____							
21. Other _____							

*****Creatnine must be done every other day

Comments:

FORM 02: STUDY BLOOD CHEMISTRY PROFILE

PATIENT ID#: ____ ____ ____

PATIENT INITIALS: ____ ____ ____

LAB: _____

Center: _____

Form completed by: _____

BLOOD CHEMISTRY	Day #8	Day #9	Day #10	Day #11	Day #12	Day #13	Day #14
Date:							
1. Glucose mg/dL							
2. BUN mg/dL							
3. Creatinine mg/dL							
4. Sodium mEq/L							
5. Potassium mEq/L							
6. Chloride mEq/L							
7. CO2 mEq/L							
8. Total bilirubin mg/dL							
9. Alkaline phosphatase U/L							
10. LDH U/L							
11. GGT U/L							
12. AST U/L							
13. ALT U/L							
14. Total protein g/dl							
15. Albumin g/dl							
16. Mg							
17. Phos							
18. Ca^{2+}							
19. Other _____							
20. Other _____							
21. Other _____							

Comments:

FORM 02: STUDY BLOOD CHEMISTRY PROFILE

PATIENT ID#: ____ ____ ____

PATIENT INITIALS: ____ ____ ____

LAB: _____

Center: _____

Form completed by: _____

BLOOD CHEMISTRY	Day #15	Day #16	Day #17	Day #18	Day #19	Day #20	Day #21
Date:							
1. Glucose mg/dL							
2. BUN mg/dL							
3. Creatinine mg/dL							
4. Sodium mEq/L							
5. Potassium mEq/L							
6. Chloride mEq/L							
7. CO2 mEq/L							
8. Total bilirubin mg/dL							
9. Alkaline phosphatase U/L							
10. LDH U/L							
11. GGT U/L							
12. AST U/L							
13. ALT U/L							
14. Total protein g/dl							
15. Albumin g/dl							
16. Mg							
17. Phos							
18. Ca^{2+}							
19. Other _____							
20. Other _____							
21. Other _____							

Comments:

FORM 02: STUDY BLOOD CHEMISTRY PROFILE

PATIENT ID#: ____ ____ ____

PATIENT INITIALS: ____ ____ ____

LAB: _____

Center: _____

Form completed by: _____

BLOOD CHEMISTRY	Day #22	Day #23	Day #24	Day #25	Day #26	Day #27	Day #28
Date:							
1. Glucose mg/dL							
2. BUN mg/dL							
3. Creatinine mg/dL							
4. Sodium mEq/L							
5. Potassium mEq/L							
6. Chloride mEq/L							
7. CO2 mEq/L							
8. Total bilirubin mg/dL							
9. Alkaline phosphatase U/L							
10. LDH U/L							
11. GGT U/L							
12. AST U/L							
13. ALT U/L							
14. Total protein g/dl							
15. Albumin g/dl							
16. Mg							
17. Phos							
18. Ca^{2+}							
19. Other _____							
20. Other _____							
21. Other _____							

Comments: