

**WOMEN'S INTERAGENCY HIV STUDY  
LABORATORY - LIVER AND RENAL FUNCTION TESTS, PARTIAL CHEMISTRIES  
FORM L05**

ID LABEL HERE ---> |\_| - |\_|\_| - |\_|\_|\_|\_| - |\_|\_|

VISIT #: \_\_\_\_\_ FORM COMPLETED BY: \_\_\_\_\_

VERSION DATE: **10/01/09**

**ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.**

A1. ARE TEST RESULTS AVAILABLE?

- Yes..... 1 (A2)
- No, Sample Inadequate..... 2 (END)
- No, Other Reason ..... 3

\_\_\_\_\_ (END)  
(SPECIFY)

A2. DATE SAMPLE DRAWN:    \_\_\_ M \_\_\_ / \_\_\_ D \_\_\_ / \_\_\_ Y \_\_\_

- a. SGOT (AST) (1-134)            |\_|\_|\_|\_|            (IU/L or U/L or MU/ML)
  - i. \*Upper Limit of normal        |\_|\_|\_|\_|            (IU/L or U/L or MU/ML)
- b. SGPT (ALT) (1-126)            |\_|\_|\_|\_|            (IU/L or U/L or MU/ML)
  - i. \*Upper Limit of normal        |\_|\_|\_|\_|            (IU/L or U/L or MU/ML)
- c. ALK. PHOS. (20-234)            |\_|\_|\_|\_|            (IU/L or U/L)
- d. Albumin (1-9)                    |\_|\_| . |\_|\_|            (gm/dL)
- e. BUN (1-30)                        |\_|\_|\_|                (mg/dL)
- f. Creatinine (0.3-3)                |\_|\_| . |\_|\_|            (mg/dL)
- g. Bilirubin (total) (0.1-3)        |\_|\_| . |\_|\_|            (mg/dL)
- h. GGT (2-355)                        |\_|\_|\_|\_|                (U/L)
- i. Calcium (total) (8-11)            |\_|\_| . |\_|                (mg/dL)
- j. Phosphate (if available) (2-5)    |\_| . |\_|                (mg/dL)

\*The upper limits of normal for AST and ALT are based on the original reports from the laboratory.

**DURING DATA ENTRY, OUT-OF-RANGE LAB VALUES SHOULD BE CONFIRMED USING THE CLINICAL REPORT/ORIGINAL DATA SOURCE UNLESS CONFIRMED ON THE L05 THAT THE RESULT IS ABNORMAL.**