SPIROMICS – HEART FAILURE
INSTRUCTIONS FOR BLOOD WORK RESULTS FORM
BWR, VERSION 1.0, QUESTION BY QUESTION (QxQ)

I. GENERAL INSTRUCTIONS

The SPIROMICS-HF Blood Work Results Form (BWR) is to be completed after receiving the participant's lab results from your local lab.

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form. For the Event field, record if this is happening at Visit 5 or another event.

0a. Date of Collection: Record the date the data was collected or abstracted. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Record the SPIROMICS staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data, please contact the GIC in order to receive your own individual staff code.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

Please answer every question on this form.

Item 1.   **Date blood submitted to lab:** Enter the date the participant's blood was submitted to the lab.

Item 2.   **Date results received:** Enter the date the participant's lab results were received.

BASIC METABOLIC PANEL (CHEM 7)

Item 3.   **Sodium:** Enter the participant's sodium value in millimoles per liter.

Item 4.   **Potassium:** Enter the participant's potassium value in millimoles per liter.

Item 5.   **Chloride:** Enter the participant's chloride value in millimoles per liter.

Item 6.   **CO2 (Bicarbonate):** Enter the participant's CO2 (bicarbonate) value in millimoles per liter.

Item 7.   **BUN (Blood Urea Nitrogen):** Enter the participant's BUN (Blood Urea Nitrogen) value in milligrams per deciliter.

Item 8.   **Glucose:** Enter the participant's glucose value in milligrams per deciliter.

Item 9.   **Creatinine:** Enter the participant's creatinine value in milligrams per deciliter.

NOTE: Enter the participant's creatinine value and then "Save and Reload". The eGFR will be calculated and Item 9a will auto-populate.

Item 9a.   **eGFR:** This value will be calculated and auto-populate.

Item 10. **Calcium:** Enter the participant's calcium value in milligrams per deciliter.

HEMOGLOBIN A1c (A1c)

Item 11. **HbA1c:** Enter the participant's HbA1c percentage.

N-terminal (NT)-pro hormone B-type Natriuretic Peptide (BNP) (NT-proBNP)

Item 12 **NT-proBNP:** Enter the participant's NT-proBNP value in picograms per milliliter.

LIPID PROFILE

Item 13. **Total Cholesterol:** Enter the participant's total cholesterol value in milligrams per deciliter.

Item 14. **Triglycerides:** Enter the participant's triglycerides value in milligrams per deciliter.

Item 15. **HDL:** Enter the participant's HDL value in milligrams per deciliter.

Item 16. **LDL:** Enter the participant's LDL value in milligrams per deciliter.

Item 17. **Comments:** Record any comments in the space provided.

Save and close the form.