

Center Number: \_\_\_\_\_ Participant Number: \_\_\_\_\_ Participant's Initials: \_\_\_\_\_  
first middle last

## RMR QC

Send copies of this form starting with baseline:

<sub>1</sub> Baseline 1   <sub>2</sub> Baseline 2   <sub>3</sub> Month 6   <sub>4</sub> Month 12   <sub>5</sub> Month 18   <sub>6</sub> Month 24

**1 Test date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year

**2 Cart ID:**  Tufts-003 (623-002)    WASH U-001 (623-003)    PBRC-016 (623-005)  
 Tufts-006 (623-006)    WASH U-002 (623-004)    PBRC-017 (623-001)

**3 Test duration:** \_\_\_\_ minutes

**4 Average VO<sub>2</sub>:** \_\_\_\_ . \_\_\_\_ L/min

**5 Average VCO<sub>2</sub>:** \_\_\_\_ . \_\_\_\_ L/min

**6 Average RQ:** \_\_\_\_ . \_\_\_\_

**7 SD RQ:** \_\_\_\_ . \_\_\_\_

**8 Average EE:** \_\_\_\_ kcal/d

**9 SD EE:** \_\_\_\_ kcal/d

Daily QC Checks Performed	Pre-Test	Post-Test
<b>10 Gas 1:</b> <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>2</sub> Yes →	O <sub>2</sub> = 20.94 %	Avg. O <sub>2</sub> = ____ . ____ %
	CO <sub>2</sub> = 0.00 %	Avg. CO <sub>2</sub> = ____ . ____ %
<b>11 Gas 2:</b> <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>2</sub> Yes →	O <sub>2</sub> = 19.30 %	Avg. O <sub>2</sub> = ____ . ____ %
	CO <sub>2</sub> = 1.15 %	Avg. CO <sub>2</sub> = ____ . ____ %
<b>12 Dilution:</b> <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>2</sub> Yes →	VO <sub>2</sub> = ____ . ____ L/min	VO <sub>2</sub> = ____ . ____ L/min
	VCO <sub>2</sub> = ____ . ____ L/min	VCO <sub>2</sub> = ____ . ____ L/min
	RQ = ____ . ____	RQ = ____ . ____

Technician: \_\_\_\_\_

Principal Investigator signature: \_\_\_\_\_

Comments: \_\_\_\_\_

## For RMR Core Lab Use Only

Test approved    QC approved

Comments: \_\_\_\_\_