

ENRGISE PILOT STUDY: TITRATION LAB DATA

Visit Date //
 Completed //
 Staff ID

Rev: _____
 DE: _____
 Date: _____

Document these lab values associated with the safety of study medications.

Lab Values from Quest Report		
1. Please provide the date of the blood draw.	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
2. What is the participant's eGFR?	<input type="text"/> <input type="text"/> <input type="text"/> mL/min	1 <input type="checkbox"/> N/A
3. What is the participant's Potassium?	<input type="text"/> . <input type="text"/> mmol/L	1 <input type="checkbox"/> N/A
4. What is the participant's Glucose?	<input type="text"/> <input type="text"/> <input type="text"/> mg/dL	1 <input type="checkbox"/> N/A
5. What is the participant's Hemoglobin?	<input type="text"/> <input type="text"/> . <input type="text"/> g/dL	1 <input type="checkbox"/> N/A
6. What is the participant's LDL?	<input type="text"/> <input type="text"/> <input type="text"/> mg/dL	1 <input type="checkbox"/> N/A
6. What is the participant's Creatinine?	<input type="text"/> . <input type="text"/> <input type="text"/> mg/dL	1 <input type="checkbox"/> N/A