

Tissue Sample Information

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[Study Name/ID pre-filled]

Site Name: _____

Date Form Completed: ___/___/___ (mm/dd/yyyy)

Subject ID: _____

Visit: [pre-populated by database]

1. Was CRF information collected over the phone? Yes No
2. Referral made to CMDIR (www.cmdir.org)? Yes No Unknown
If Yes, date referral made: ___/___ (mm/yyyy)
3. Skin biopsy performed? Yes No Unknown
 - a. If Yes, date skin biopsy performed: ___/___ (mm/yyyy)
 - b. If Yes, location stored: _____ Unknown
4. Muscle biopsy performed? Yes No Unknown
 - a. If Yes, date muscle biopsy performed: ___/___ (mm/yyyy)
 - b. If Yes, location stored: _____ Unknown

Missing Value Codes:

A = Lab or equipment failure

M = Ran out of time

N = No data

X = Unknown

E = Examiner error

O = Obsolete CRF

D = Not applicable

P = Unable to test due to permanent disability

T = Unable to test due to temporary condition

S = Scheduling problem

GENERAL INSTRUCTIONS

This form contains data elements that are collected to measure bone mineral density. The items are typically used to diagnose and follow osteoporosis.

Responses to categories are obtained from health professionals performing the procedure.

SPECIFIC INSTRUCTIONS

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

- **Referral made to CMDIR Date** – The preferred format for recording date is MM/YYYY. 99/9999 can be used to indicate an unknown date.
- **Skin Biopsy Performed Date** – The preferred format for recording date is MM/YYYY. 99/9999 can be used to indicate an unknown date.
- **Muscle Biopsy Performed Date** – The preferred format for recording date is MM/YYYY. 99/9999 can be used to indicate an unknown date.
- **Missing Value Codes** – Please use these codes for all questions where a value is requested but no value is available. The purpose of these codes is to prevent any blanks on the CRF.