Sample 1: August 2019

SAMPLE DATA COLLECTION SHEET												
This	This form needs to show all variables you plan to record. Please do not use general terms, i.e. medical history.											
Be s	Be specific about what you plan to collect and indicate any coding scheme that will be used, e.g. yes/no.											
Plea	Please note: only record the minimum necessary to conduct the research.											
MRN	AGE	SEX	RACE	DIAGNOSIS	ADMISSION DATE	DISCHARGE DATE	Lab Value 1	Lab Value 2	Diagnosis Code	Date of Diagnosis	Medication Used	Complications (Y/N)