

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA Intestinal Permeability - Ver 1.0**Section Title: GI Permeability****Instructions:****Intestinal Permeability**

Tester ID

☐ Blank**PEG solution**

When initiating 24-hour urine, administer 100ml of PEG solution (polyethylene glycol containing 5g PEG 3350

Date given:

Amount dispensed: (mL)

Time dispensed: (hh:mm)

☐ Am ☐ Pm Click to deselect entryDone: ☐ Done ☐ Not Done Click to deselect entryReason not done: ☐ Refused
☐ Not Eligible
☐ Technical

24 Hr UA Volume (mL)

Comment: