Center Number: ___ ___ Participant Number: ___ ___ ___ ___ Participant's Initials: ___ ___ ___ (first middle last)

RMR QC

Send copies of this form starting with baseline:

☐ 1 Baseline 1 ☐ 2 Baseline 2 ☐ 3 Month 6 ☐ 4 Month 12 ☐ 5 Month 18 ☐ 6 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_2: ___ . ___ ___ ___ L/min

5 Average VCO_2: ___ . ___ ___ ___ 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
10 Gas 1: ☐ 0 No ☐ 2 Yes →	O_2 = 20.94 %	Avg. O_2 = ___ ___ . ___ ___ %
	CO_2 = 0.00 %	Avg. CO_2 = ___ . ___ ___ %
11 Gas 2: ☐ 0 No ☐ 2 Yes →	O_2 = 19.30 %	Avg. O_2 = ___ ___ . ___ ___ %
	CO_2 = 1.15 %	Avg. CO_2 = ___ . ___ ___ %
12 Dilution: ☐ 0 No ☐ 2 Yes →	VO_2 = ___ . ___ ___ ___ L/min	VO_2 = ___ . ___ ___ ___ L/min
	VCO_2 = ___ . ___ ___ ___ L/min	VCO_2 = ___ . ___ ___ ___ L/min
	RQ = ___ . ___ ___	RQ = ___ . ___ ___

Technician: _____

Principal Investigator signature: _____

Comments: _____

_____

For RMR Core Lab Use Only

☐ Test approved ☐ QC approved

Comments: _____

_____

Please fax to: 1-919-684-4573