Footnotes in data listings are often highly desirable. Aberrant clinical laboratory test values, for example, need to be qualified with footnotes, especially when data that may appear life-threatening are only the result of a known laboratory error. The program demonstrated in this PC Poster session lists clinical laboratory data and

a) flags any data that need a footnote,

b) specifies footnote symbols, and

c) when flagged data are encountered on an output page,

1) assigns footnote symbols to print beside each flagged datum,
2) puts the symbols and appropriate footnotes at the bottom of the page in the order of first occurrence on the page.

AUTOMATIC FOOTNOTING OF SPECIFIC DATA IN A LISTING: AN EXAMPLE WITH CLINICAL LABORATORY DATA

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Syntex Laboratories

The sample output below notes the footnotes with arrows.

By automatically adding footnotes using SAS® processing, we avoid the tedious and error-prone procedure of attempting to do so with a text editor.

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### Automatic Footnoting of Specific Data in a Listing: An Example with Clinical Laboratory Data

#### Footnotes in Data Listings

Footnotes are often highly desirable in data listings. They help in qualifying aberrant clinical laboratory test values, particularly when the data may appear threatening but are actually the result of a known laboratory error.

#### Methods

1. **Flagging Data**: Automatically flag data that need a footnote.
2. **Assigning Footnotes**: Assign footnote symbols to print beside each flagged datum.
3. **Incorporating Footnotes**: Place the symbols and corresponding footnotes at the bottom of the page in the order of their first occurrence.

#### Example

Here is a Table listing clinical laboratory data with footnotes:

<table>
<thead>
<tr>
<th>Client ID</th>
<th>Date</th>
<th>Glucose</th>
<th>Calcium</th>
<th>Phosphorus</th>
<th>Sodium</th>
<th>Potassium</th>
<th>Chloride</th>
<th>Creatinine</th>
<th>CO2 UN</th>
<th>Hb</th>
<th>WBC</th>
<th>Platelets</th>
</tr>
</thead>
<tbody>
<tr>
<td>N16</td>
<td>6/25/85</td>
<td>100</td>
<td>90</td>
<td>2.5-4.5</td>
<td>132-150</td>
<td>3.6-5.5</td>
<td>90-110</td>
<td>22-24</td>
<td>6-25</td>
<td>4-6</td>
<td>2-10</td>
<td>150-450</td>
</tr>
<tr>
<td>N26</td>
<td>7/25/85</td>
<td>102</td>
<td>92</td>
<td>2.5-4.5</td>
<td>132-150</td>
<td>3.6-5.5</td>
<td>90-110</td>
<td>22-24</td>
<td>6-25</td>
<td>4-6</td>
<td>2-10</td>
<td>150-450</td>
</tr>
</tbody>
</table>

#### Remarks

- **Glucose may be decreased due to antibiotic contamination.**
- **Potassium may be increased due to cell exposure.**
- **Glucose may be decreased due to glycosuria.**
- **Laboratory error.**

---

# Study 06-9446

#### Laboratory Data Listing by Dosage by Patient

<table>
<thead>
<tr>
<th>Client ID</th>
<th>Date</th>
<th>Glucose</th>
<th>Sodium</th>
<th>Creatinine</th>
<th>CO2 UN</th>
<th>Hb</th>
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<td>150-450</td>
<td>102</td>
<td>22-24</td>
<td>6-25</td>
</tr>
</tbody>
</table>

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