

Patient exhibit draft: evidence and limits

Your goal: Paper exhibit drafting only. Do not collect samples, run tests, diagnose a person or give treatment advice. These invented records are not actual patient results. Today's objective: Synthesize their lab evidence into a patient-perspective exhibit as a project team.

One product: Draft patient-exhibit outline: one-sentence patient narrative, three panel drafts (urinalysis, enzyme, PKD genetics) each connecting lab data to patient experience in CER format, and assigned member responsibilities.

Question: How can a panel answer a concern without claiming more than its record shows?

Start the work

Preserve the observation, name the comparison rule and stop the claim where the evidence stops.

1. Paper exhibit drafting only. Do not collect samples, run tests, diagnose a person or give treatment advice. These invented records are not actual patient results. Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur. Step: Review your urinalysis, enzyme, and genetics results.
2. Paper exhibit drafting only. Do not collect samples, run tests, diagnose a person or give treatment advice. These invented records are not actual patient results. Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur. Step: As a team, choose a patient story to anchor the exhibit.
3. Paper exhibit drafting only. Do not collect samples, run tests, diagnose a person or give treatment advice. These invented records are not actual patient results. Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur. Step: Connect each lab result to the patient experience.
4. Paper exhibit drafting only. Do not collect samples, run tests, diagnose a person or give treatment advice. These invented records are not actual patient results. Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur. Step: Draft exhibit panels with claim, evidence, and reasoning.

5. Paper exhibit drafting only. Do not collect samples, run tests, diagnose a person or give treatment advice. These invented records are not actual patient results. Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur. Step: Assign each member a panel to finalize.

Paper exhibit drafting only. Do not collect samples, run tests, diagnose a person or give treatment advice. These invented records are not actual patient results. Save the outline and ask the teacher for anything you need. After uploading, check that Schoology shows Submitted. Ask the teacher for the Submit tracker and its evidence requirements.

Words you will use

urinalysis

Examination of urine properties and components.

dipstick indicator

A kit-specific readout for a tested property or substance.

analyte

Substance a test is intended to detect or measure.

protein

Molecule made from amino-acid chains; the fictional U channel concerns protein.

categorical

Expressed as a class rather than a measured amount.

concentration

Amount of a substance per stated volume.

reference category

A class used for comparison under a stated key, not automatically a health range.

negative reference

A comparison record expected to show the lower or absent-target readout under its key.

positive reference

A comparison record expected to show a specified target-associated readout under its key.

control

Comparison used to check a specified part of an interpretation; not proof of every aspect of quality.

internal consistency

Agreement among the supplied rules and records within this exercise.

catalyst

Substance that speeds a reaction without being consumed as a reactant.

reactant

Starting substance changed during a chemical reaction.

enzyme

Biological catalyst that speeds a reaction without being consumed as a reactant.

substrate

Substance acted on in the enzyme reaction.

product

Substance formed by a reaction.

reaction

Change that converts substances into products.

AU

Arbitrary signal units, without a supplied conversion to mass or concentration.

signal

Recorded readout associated with a system; its biological meaning needs validation.

endpoint

Supplied beginning or ending observation for an interval.

elapsed time

Difference between ending and starting time.

min

Minute, a unit of time.

average rate

Change divided by the elapsed time across the specified interval.

numerator

Top part of a fraction, here the signal loss.

denominator

Bottom part of a fraction, here elapsed minutes.

initial rate

Rate near a reaction's beginning; two endpoints alone do not establish it.

calibration

Evidence relating a readout to a known reference or quantity.

blank correction

Adjustment using a designated background reference under an authorized rule.

causation

Claim that one factor produced a change.

gel electrophoresis

Molecular separation through a matrix using an electric field.

matrix

Material through which molecules move during separation.

electric field

Electrical influence exerting force on charged particles.

DNA

Molecule whose sequence carries genetic information.

linear fragment

A piece of DNA represented as an unclosed chain in this size model.

bp

Base pairs, a unit for the length of double-stranded DNA.

band

Detected group of molecules at a position in a separation.

lane

One labeled record column in the gel schematic.

origin

Starting location at the top of this conceptual gel map.

nominal size

Assigned reference label, not a new measured estimate.

sequence

Order of DNA building blocks.

assay

A defined test with a specified target and interpretation method.

validated key

Interpretation rule checked for its intended use; exercise consistency is not clinical validation.

PKD

Polycystic kidney disease, a group of disorders involving kidney cysts.

cyst

Fluid-filled sac.

genotype

Genetic constitution at specified locations, not established by this generic pattern.

diagnosis

Identification of a condition from appropriate evidence and clinical interpretation.

provenance

Where a record came from and what was actually done.

CER

Claim, evidence and reasoning: a supported explanation.

claim

Bounded answer supported by the available record.

evidence

Identified observation and comparison used to support a claim.

reasoning

Explanation of how evidence supports the claim under a stated rule.

limitation

Missing evidence or scope boundary that restricts a conclusion.

audience

People for whom an explanation is intended.

concern

A supplied question or worry, not an observed test result.

narrative

Brief account introducing the fictional visitor and question.

exhibit

Organized explanation presented for an audience.

panel

One section of an exhibit; here a short draft.

draft

Work that can still be reviewed and revised.

role

Responsibility for a task, proposed or actually accepted.

acceptance

Genuine agreement to a responsibility or approval of work.

tracker

Separate record of required tasks and genuine evidence.

Submission check

After uploading, check that Schoology shows Submitted; ask for help if it does not.

H1: Review without inventing prior work

Paper exhibit drafting only. Do not collect samples, run tests, diagnose a person or give treatment advice. These invented records are not actual patient results.

All U/E/G inputs below repeat the May 13 teaching records. No prior notebook or actual lab completion is assumed. The three records are unrelated classroom examples, not tests on the fictional story character.

Opening review input: U-X has code K1 and needs U-KEY; E1 changes from 100 to 70 AU over 5 min and needs a rate rule; G-X has {900,300} bp and needs a complete-pattern key. Original route: identify the needed comparison for each, aloud or in three brief notes. No clinical finding follows from a code alone. Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.

Read only H1 during 0–10. Read each full record when its panel interval begins. Use the glossary and optional model as needed. Start S1's brief checks and next actions during work, then update changes.

F1: A fictional concern is an authored input

Original story card F1: an invented exhibit visitor, called Visitor V, wants clear explanations of three questions. U concern: Does a color code mean my kidneys are damaged? E concern: Does a faster signal change prove better digestion? G concern: Does a band match mean I have PKD? These are authored questions, not symptoms, actual feelings or clinical history. No real person is represented.

At 10–22 write one sentence introducing this fictional visitor and the wish for understandable, limited explanations. State that unrelated teaching records illustrate what tests can and cannot show. Do not turn U/E/G into the visitor's clinical results. An exhibit is an organized explanation for an audience; this assignment is its draft outline, not publication. Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.

Each panel may use four short labeled sentences. C: answer the concern within the record. E: cite evidence with IDs and the comparison. R: explain how the key or calculation supports the claim. L: state what the record cannot show. Patient perspective means addressing the supplied question respectfully, not inventing a diagnosis. No new image, report or final display is required.

U1: Panel 1 record and key

Urinalysis examines urine properties and components. A dipstick indicator is a test-specific readout. A categorical result is a class, not a concentration. Protein results require context and may have several explanations (URINE). No clinical reference range, amount or diagnosis is assigned here.

Original teaching chart U-KEY concerns a fictional protein-indicator channel only. K0 = pale yellow = category P0, lower reference category. K1 = light green = category P1, middle reference category. K2 = dark green = category P2, upper reference category. All categories have no numerical concentration unit. These invented colors/codes are not a real kit chart, a normal range, or instructions to read any strip.

Already-recorded cards, not materials to handle: U-N | negative-reference card | expected K0 | observed K0, pale yellow. U-P | positive-reference card | expected K2 | observed K2, dark green. U-X | fictional unknown card | expected category unspecified | observed K1, light green. The words/codes are complete color alternatives.

Teaching comparison rule: first compare the two reference cards with their expected codes and record whether each matches. Then map U-X through U-KEY and report its category. The control matches show internal consistency of this invented exercise only. They do not verify an actual device, reagent, reading time, sample identity or measurement quality.

At 22–40 draft the urinalysis panel. Use U-X and the supplied reference checks. State the categorical match, name the key and explain why it answers only a category question. Connect to F1's U concern by separating a color category from kidney damage. No numerical concentration conversion is supplied. Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.

E1: Panel 2 record and rule

An enzyme speeds a chemical reaction without being consumed as a reactant (ENZYME). Reaction rate describes change over elapsed time (RATE). This paper record uses an arbitrary substrate-associated signal, not a measured mass or concentration. AU means arbitrary signal units. No conversion from AU to substrate amount is provided.

Fictional recorded columns: record | label | starting signal at elapsed 0 min | ending signal at elapsed 5 min. E0 | no-enzyme comparison label | 100 AU | 90 AU. E1 | enzyme-present label | 100 AU | 70 AU. The endpoints and times are supplied observations to interpret, not instructions to prepare, time or run anything. No intermediate readings, repetitions or actual conditions are supplied.

Original calculation rule: positive signal-loss rate = (starting AU minus ending AU) / (ending time minus starting time). Keep the numerator positive for a decline. Report the change, elapsed time and average rate in AU/min. If elapsed time is zero or unavailable, the rate is unavailable, not zero. No rounding is needed for these values.

E0 has a signal decline despite its no-enzyme label. The two labels alone do not prove enzyme causation or validate a chemical measure. Report each raw signal-loss rate without subtracting E0 as a blank correction. No such correction or calibration is authorized by this teaching rule.

A single interval gives an average signal change per minute, not an initial rate, direct substrate disappearance, product appearance, optimal condition or digestive-health finding. The substrate-associated label does not supply a validated signal-to-amount relationship.

At 40–55 draft the enzyme/digestion panel. Bring both average signal-loss rates from your May 13 table, each shown as its raw change divided by 5 min in AU/min. Compare the average signal-loss rates. Explain that these are signal changes, not calibrated digestion or health. Address F1's E concern without assigning cause or better health. No blank-corrected rate is requested. Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.

G1: Panel 3 complete pattern evidence

Gel electrophoresis separates molecules using an electric field and matrix; size and charge affect movement (GEL). Under comparable conditions, smaller linear DNA fragments generally move farther. A size-reference lane supports approximate size comparisons. This record supplies nominal sizes directly; it is not an actual gel or measured image.

Original teaching text G-MAP lists lanes left to right L, R-A, R-B, C0, G-X, G-Y. Top marks the origin/wells; the arrow points downward, away from origin. For this idealized linear-DNA size model, the higher level is 900 bp, middle 600 bp and lower 300 bp. bp means base pairs, a DNA length unit. These levels are not a linear distance-to-size calibration or operating instructions.

Complete text equivalent: L contains bands at 900, 600 and 300 bp. R-A contains 900 and 300 bp. R-B contains 600 bp. C0, the blank reference, has no recorded bands. G-X contains 900 and 300 bp. G-Y contains 900, 600 and 300 bp. No band intensities or additional bands are supplied. The lane codes are fictional records, not people or real genotypes.

Teaching key G-KEY: pattern A is exactly {900,300}; pattern B is exactly {600}; otherwise report neither. Match all listed bands, not just one shared band. Expected reference patterns are R-A=A, R-B=B and C0=no bands. Their supplied records satisfy those expectations. This validates the exercise's internal key consistency only, not a biological assay or PKD marker.

PKD is polycystic kidney disease, involving kidney cysts. A cyst is a fluid-filled sac. Actual PKD-marker interpretation needs a validated assay-specific key and appropriate context (PKD); this teaching key cannot supply them. No real gene or disease variant is assigned to A or B. Equal apparent length does not prove equal sequence, disease-causing effect or clinical outcome.

At 55–68 draft the PKD genetics panel. Bring your May 13 G-X and G-Y complete-pattern matches. Cite the whole sets and G-KEY. Explain how complete-set matching works, then answer F1's G concern: this teaching label is not a PKD diagnosis. No gene, sequence or validated disease marker is assigned. The complete text above is the evidence; no gel image or new gel drawing is required. Actual route: genuine

teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.

O1: Honest responsibility and final check

At 68–80 finish the same draft outline. Check one narrative and three short C/E/R/L panels against F1/U1/E1/G1. Correct a real mismatch or mark one verified match. Do not invent a discrepancy or feedback.

Include three responsibility lines, one each for U, E and G panels. Name the current drafter and propose the next responsibility; ask the proposed person to agree before assigning that role. If working alone, write self as current drafter for all three. Propose a team owner and ask that person to agree before assigning the role. Do not invent names, agreement or participation. This solo plan does not fulfill any required team collaboration.

If a real team agrees, record only genuine accepted responsibilities using permitted deidentified role labels. A draft complete mark means that the draft is written, not that the final panel is finished or published. Actual grading, finalization and audience delivery remain teacher decisions. Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.

S1: Exhibit and tracker are distinct

Use ten short checks: 1 ask the teacher what preparation and story use are authorized; 2 check actual record provenance and valid keys; 3 obtain the assigned rubric; 4 clarify official Problem 4.3.1 scope and access; 5 use only actual team contributions and agreed roles. Also check 6 the Submit tracker and evidence requirements; 7 your section and deadline; 8 the saved draft outline; 9 that Schoology shows Submitted after uploading; 10 authorization before finalizing or publishing. Note a short evidence pointer for a check you performed or a specific next action.

A separate Submit tracker and evidence requirement also applies. Ask the teacher for its actual fields, evidence requirements and submission destination. Check Schoology after uploading. This outline does not satisfy it automatically. Do not create a second fictional tracker or invent completion. Ask the teacher to supply and explain that separate requirement before following it.

The course plan names Problem 4.3.1 Before You Go. Ask the teacher for the assigned prompt and stopping point. No next dated class is listed, so no next-day deadline or activity is promised.

Assignment: Wk17 Lab notebook: Patient exhibit synthesis. Section 1292:

<https://clevelandmetro.schoology.com/assignment/8544603175> . Section 6792:

<https://clevelandmetro.schoology.com/assignment/8544603198> . Confirm accepted preparation, section

and deadline. Save the same outline; submit only to the confirmed destination if authorized. If access is blocked, save your work and tell the teacher what you need. After uploading, check that Schoology shows Submitted. Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.

M1: Distinct library panel model

Optional invented library example, not a second assignment. Story: a fictional visitor asks whether a shelf code proves a book is popular. Record BOOK-X has code C2. Complete key: C1 means ground-floor shelf; C2 means upper-floor shelf. No borrowing counts or reader opinions are supplied.

Worked four-sentence panel. Claim: BOOK-X maps to an upper-floor shelf under this teaching key. Evidence: BOOK-X=C2, and the key maps C2 to upper-floor shelf. Reasoning: matching the complete code gives a location category. Limit: shelf location supplies no borrowing count or preference evidence, so it cannot establish popularity.

Worked responsibility line: current drafter=self; proposed next role=check code against key; team owner not assigned. Ask the proposed owner to agree before assigning that role. Worked self check: C2 matches the key; I retained the claim and its popularity limit. No peer feedback or real library observation is claimed. Use this method for the three supplied panels, not a second library exhibit. Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.

Try the decision

Original route: a visitor asks whether teaching pattern A proves PKD. What should the panel do? Actual route: use genuine assay evidence and its scope.

- Explain the fictional pattern match and why it does not establish a diagnosis.
- Declare PKD from teaching label A without checking any diagnostic evidence.
- Invent symptoms that connect the three records and present them in the panel.

Explain your choice using the reading. Discuss it or say it to yourself. This practice does not add another submission.

Your 80-minute flow

0–10 minutes	Use H1 for three brief comparison needs and start the checks and next actions. Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.
10–22 minutes	Use F1 to write one fictional narrative. Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.
22–40 minutes	Use U1 for one short urine C/E/R/L panel. Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.
40–55 minutes	Use E1 for one short signal C/E/R/L panel. Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.
55–68 minutes	Use G1 for one short genetics C/E/R/L panel. Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.
68–80 minutes	Use O1/S1 to check the same outline, record honest roles and save. Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.

Your response record

Use these labels on paper or in your document. The space below also works when this page is printed.

Review three comparison needs

Original route: Use H1 only for a brief review. Actual route uses genuine records or names missing keys.

Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

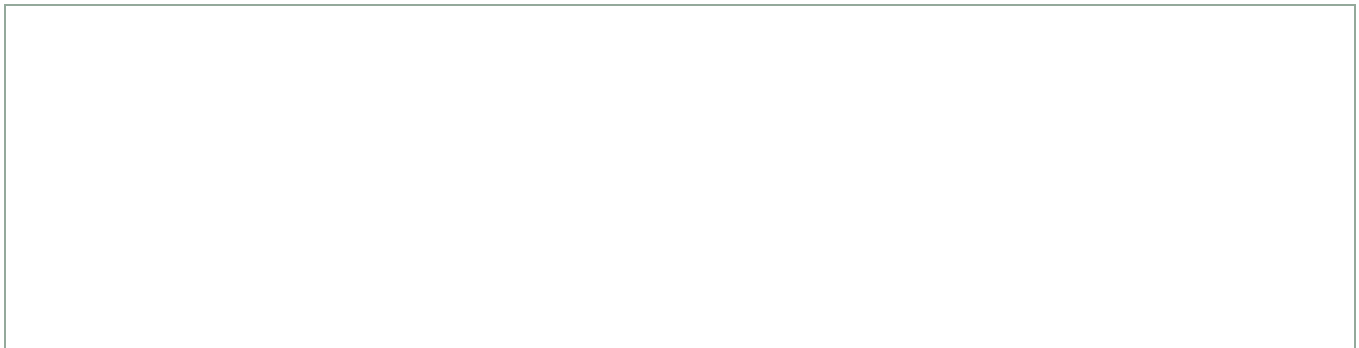


One fictional narrative

Original route: Use F1 for one sentence, clearly fictional and separate from U/E/G test provenance.

Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.



Urinalysis CER and limit

Original route: Use U1 and F1 U concern for four short C/E/R/L sentences.

Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

Enzyme CER and limit

Original route: Use E1 and F1 E concern; preserve both raw rates and signal-only limit.

Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

PKD genetics CER and limit

Original route: Use G1 and F1 G concern; whole-set matching is not a diagnosis.

Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

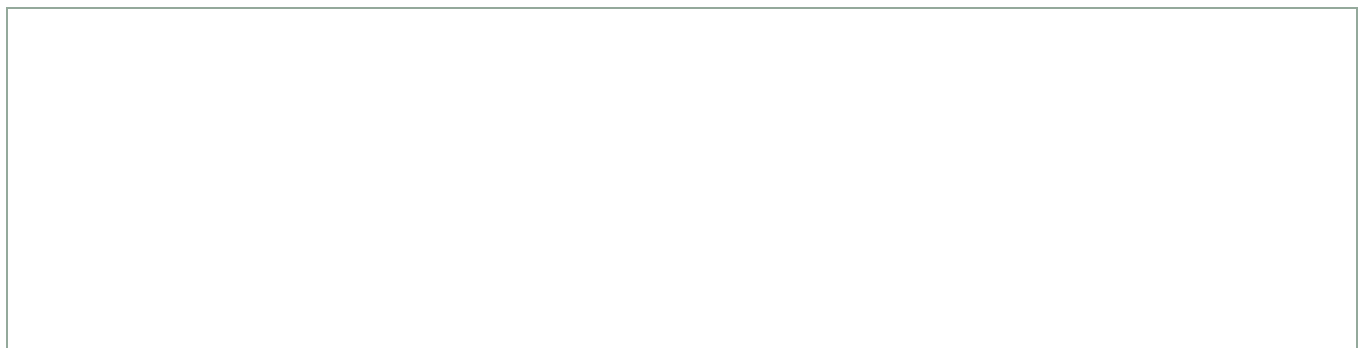


Three honest responsibility lines

Original route: Use O1 to check the same outline and assign only genuine or proposed responsibilities.

Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.



Save and check your next actions

Original route: Use S1 to keep the authentic tracker obligation separate and save or submit the same outline.

Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

Check your product

- Original route: one sentence introduces Visitor V as fictional without assigning U/E/G as clinical results.
- Original route: three short panels each include claim, record/key evidence, reasoning and an explained limit.
- Original route: the U-X category, both E0 and E1 rates in AU/min and both G-X and G-Y pattern matches come from your May 13 table, under the supplied teaching rules.
- Original route: three responsibility lines distinguish current drafting from proposed ownership and actual acceptance.
- Actual route: genuine teacher-assigned deidentified story, records, keys and rubric replace original practice locally. Complete one draft outline only. Ask the teacher for the real materials and official task. Use only team contributions that actually occur.
- Both routes: follow the tracker and official-task directions, include only team contributions that occur, save your work and check Schoology after uploading.

Keep the limit: The three teaching records cannot establish a shared patient, symptoms, diagnosis, enzyme causation or PKD. A fictional concern comes from the story card, not a test finding.

Turn in your work

Assignment: Wk17 Lab notebook: Patient exhibit synthesis. Section 1292:

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[Section 1292: Wk17 Lab notebook: Patient exhibit synthesis](#)

[Section 6792: Wk17 Lab notebook: Patient exhibit synthesis](#)

Carry forward

Explain what the record supports, then name the uncertainty that matters to the audience.

No next dated lesson is listed. Confirm finalization, tracker requirements and any later deadline with the teacher. Which final requirement or deadline still needs confirmation?

Sources and resources

[Open today's page](#)

URINE · Protein in Urine

MedlinePlus

<https://medlineplus.gov/lab-tests/protein-in-urine/>

RATE · Chemical Reaction Rates

OpenStax Chemistry 2e

<https://openstax.org/books/chemistry-2e/pages/12-1-chemical-reaction-rates>

GEL · Electrophoresis

NHGRI

<https://www.genome.gov/genetics-glossary/Electrophoresis>

ENZYME · Enzyme

NHGRI

<https://www.genome.gov/genetics-glossary/Enzyme>

PKD · Autosomal Dominant Polycystic Kidney Disease

NIDDK

<https://www.niddk.nih.gov/health-information/kidney-disease/polycystic-kidney-disease/autosomal-dominant-pkd>