LOCAL LABORATORY – URINE ASSAY RESULTS
Form L06

Chronic Kidney Disease in Children (CKiD)

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: AFFIX ID LABEL OR ENTER NUMBER IF ID LABEL IS NOT AVAILABLE

|__| - |__|__| - |__|__|__|

A2. CKiD VISIT #: 0 1 a

A3. FORM VERSION: 0 1 / 0 1 / 0 5

A4. DATE FORM COMPLETED: ___ ___/ ___ ___/ ___ ___ ___ ___
M M D D Y Y Y Y

A5. FORM COMPLETED BY (INITIALS): ___ ___ ___

ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.

SECTION B

B1. ARE TEST RESULTS AVAILABLE?

Yes…… 1 **(B2)**
No, Sample Inadequate…… 2 **(END)**
No, Other Reason…….. 3
i.

_____
(SPECIFY)

B2. DATE SAMPLE DRAWN:

___ ___/ ___ ___/ ___ ___ ___ ___
M M D D Y Y Y Y

B3. **Components of Local Urine Protein Creatinine Ratio:**

a. Protein: |___||___|___|.|___| (mg/dl)

b. Creatinine: |___||___|___|.|___| (mg/dl)

Chronic Kidney Disease in Children