

LOCAL LABORATORY – BASIC METABOLIC PANEL RESULTS  
FORM L03

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 #:

\_\_ \_\_

A3. FORM VERSION:

0 1 / 0 1 / 0 6

A4. DATE FORM COMPLETED:

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  
M M D D Y Y Y Y

A5. FORM COMPLETED BY (INITIALS):

\_\_ \_\_ \_\_

A6. Is this study visit an accelerated visit?

Yes..... 1  
No..... 2

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

(SPECIFY)

B2. DATE SAMPLE DRAWN:

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  
M M D D Y Y Y Y

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**B3. Basic Metabolic Panel Blood Results:**

- a. Sodium                    |\_\_|\_\_|\_\_|        (MEQ/L) or (mmol/L)
- b. Potassium                |\_\_| . |\_\_|        (MEQ/L) or (mmol/L)
- c. Chloride                 |\_\_|\_\_|\_\_|        (MEQ/L) or (mmol/L)
- d. Carbon Dioxide         |\_\_|\_\_|            (MEQ/L) or (mmol/L)
- e. Urea Nitrogen (BUN)    |\_\_|\_\_|\_\_|        (mg/dL)
- f. Serum Creatinine        |\_\_| . |\_\_|        (mg/dL)