

LOCAL LABORATORY – RENAL 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 7a

A4. DATE FORM COMPLETED:

__ __ / __ __ / __ __ __ __
M M D D Y Y Y Y

A5. FORM COMPLETED BY (INITIALS):

__ __ __

A6. Is this study visit an irregular (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. Renal 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)
- g. Glucose (GLU) |_|_|_|_| (mg/dL)
- h. Calcium (CA) |_|_|_| . |_| (mg/dL)
- i. Phosphate |_|_|_| . |_| (mg/dL)
- j. Albumin |_| . |_| (g/dL)