

**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. Protocol type:

Regular Study Visit..... 0

Post-Dialysis Visit..... 1

Post-Transplant Visit..... 2

A3. CKiD VISIT #:

_ _

A4. FORM VERSION:

0 4 / 0 1 / 1 8

A5. DATE FORM COMPLETED:

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

A6. FORM COMPLETED BY (INITIALS):

_ _ _

A7. 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)

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B2. DATE SAMPLE DRAWN:

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

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)