

CENTRAL LABORATORY – RENAL PANEL TESTS

FORM L05

Chronic Kidney Disease in Children (CKiD)

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER ONLY IF 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

_____ **(END)**
(SPECIFY)

B2. DATE SAMPLE DRAWN:

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

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Renal Panel Blood Results:

- | | | |
|-----------------------|-------------|----------|
| a. Sodium | _ _ _ _ | (mmol/L) |
| b. Potassium | _ . _ | (mmol/L) |
| c. Chloride | _ _ _ _ | (mmol/L) |
| d. Carbon Dioxide | _ _ _ | (mmol/L) |
| e. Urea Nitrogen (UN) | _ _ _ _ | (mg/dL) |
| f. Serum Creatinine | _ . _ | (mg/dL) |
| g. Glucose | _ _ _ _ | (mg/dL) |
| h. Calcium | _ _ _ . _ | (mg/dL) |
| i. Phosphate | _ _ _ . _ | (mg/dL) |
| j. Albumin | _ . _ | (g/dL) |

Urine Results:

- | | | |
|----------------------|---------|---------|
| a. Creatinine, Urine | _ _ _ _ | (mg/dL) |
| b. Protein, Urine | _ _ _ | (mg/dL) |