

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

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A2. CKiD VISIT #:

____ _

A3. FORM VERSION:

0 1 / 0 1 / 1 0

B3. IS THIS A MAKE-UP GFR 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

_____ **(END)**
(SPECIFY)

B2. DATE SAMPLE DRAWN:

____ / ____ / ____
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B3. Renal Panel Blood Results

- a. Sodium (NA) ||| (mmol/L)
- b. Potassium (K) | . | (mmol/L)
- c. Chloride (CL) ||| (mmol/L)
- d. Carbon Dioxide (CO₂) || (mmol/L)
- e. Urea Nitrogen (BUN) ||| (mg/dL)
- f. Serum Creatinine – Enzymatic | . || (mg/dL)
- g. Glucose (GLU) ||| (mg/dL)
- h. Calcium (CA) || . | (mg/dL)
- i. Phosphate (PO₄) || . | (mg/dL)
- j. Uric Acid (Urate) | . | (mg/dL)
- k. Albumin (ALB) | . | (g/dL)

B4. Urine Results

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

B5. a. Indicate the appearance of the serum |

- Gross hemolysis..... 1
- Moderate hemolysis..... 2
- Slight hemolysis..... 3
- No hemolysis..... 4

b. Was the assay run on or after November 7, 2007?

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