LOCAL LABORATORY – URINE ASSAY RESULTS
Form L06
(ONLY COMPLETE IF LOCAL URINE ASSAY WAS PERFORMED)

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 6b

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

B3. **Components of Local Urine Protein Creatinine Ratio:**

a. Protein: |___||___|___|.|___| (mg/dl)

b. Creatinine: |___||___|___|.|___| (mg/dl)

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