

**CENTRAL LABORATORY – GFR CONCENTRATIONS RESULTS
FORM L07**

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

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

GFR CONCENTRATIONS:

C1. **B1** 10 min: _____ . _____

C2. **B2** 30 min: _____ . _____

C3. **B3** 120 min: _____ . _____

C4. **B4** 300 min: _____ . _____