

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

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**Chronic Kidney Disease in Children (CKiD)**

**SECTION A: GENERAL INFORMATION**

A1. PARTICIPANT ID: ENTER NUMBER ONLY IF LABEL IS NOT AVAILABLE

|\_| - |\_|\_| - |\_|\_|\_|

A2. CKiD VISIT #:

\_\_\_ \_

A3. FORM VERSION:

0 3 / 0 1 / 1 1

A4. 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:

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

B3. IS THIS A 2-POINT CONCENTRATION?

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

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**SECTION C:**

**IOHEXOL CONCENTRATIONS**

C3. **B** 120 min: \_\_\_\_\_ . \_\_\_\_\_  
C3a **B** 240 min: \_\_\_\_\_ . \_\_\_\_\_  
C4. **B** 300 min: \_\_\_\_\_ . \_\_\_\_\_

FOR USE BY THE CELL ONLY