

**CENTRAL LABORATORY – IOHEXOL 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

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A2. Protocol type: Regular Study Visit..... 0

Post-Transplant Visit..... 2

A3. CKiD VISIT #: — —

A4. FORM VERSION: 0 4 / 0 1 / 1 8

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

B2a. WHICH LABORATORY ANALYZED THE SAMPLE?

CBL..... 1
Minnesota..... 2

B3. IS THIS A 2-POINT CONCENTRATION?

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

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B4. IS THIS A CALIBRATED CONCENTRATION?

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

SECTION C:

**IOHEXOL CONCENTRATIONS
(mg/dL)**

C3. **B** 120 min: _____ . _____
C3a **B** 240 min: _____ . _____
C4. **B** 300 min: _____ . _____

FOR USE BY THE CBL ONLY