

**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

|_| - |_|_| - |_|_|_|

A2. CKiD VISIT #:

___ _

A3. FORM VERSION:

1 0 / 0 1 / 1 7

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

C3. **B** 120 min: _____ . _____

C3a **B** 240 min: _____ . _____

C4. **B** 300 min: _____ . _____

FOR USE BY THE CELL UNIT