

**CENTRAL LABORATORY**  
**Intact Parathyroid Hormone (iPTH) and Wide Range C-Reactive Protein (wrCRP)**  
**FORM L08**

**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 2 / 0 1 / 1 1

**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. **iPTH & hsCRP Results:**

a. (intact) Parathyroid (iPTH)                   |\_|\_|\_|\_| . |\_|       (pg/mL)

b. High Sensitivity C-Reactive Protein (hs CRP)   |\_|\_|\_| . |\_|\_|       (mg/L)

c. Was serum sample shipped at room temperature?                   |\_|

- Yes.....1
- No.....0