

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:

 1 1 / 0 1 / 0 6

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 & wrCRP Results:**

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

b. Wide range C-Reactive Protein (wr CRP) |_|_|_| . |_|_| (mg/L)

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

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