CENTRAL LABORATORY – LIPID PROFILE
FORM L09

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 5 / 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. **Lipid Profile Results:**

a.	Cholesterol (CHOL)	|___|___|___|	(mg/dL)
b.	Total Triglycerides (TRG)	|___|___|___|	(mg/dL)
c.	High Density Lipoproteins (HDL)	|___|___|	(mg/dL)
d.	Low Density Lipoproteins (LDL)	|___|___|___| (estimated)	(mg/dL)
e.	CHOL/HDL Ratio	|___| . |___|	