

**CENTRAL LABORATORY – CYSTATIN C RESULTS**

**FORM L11**

**Chronic Kidney Disease in Children (CKiD)**

**SECTION A: GENERAL INFORMATION**

A1. PARTICIPANT ID: ENTER NUMBER ONLY IF LABEL IS NOT AVAILABLE

|\_| - |\_|\_| - |\_|\_|\_|

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

B3. Which laboratory analyzed the sample?

CBL..... 1

B4. Was IFCC standard used?

Yes, IFCC standard used..... 1

No, IFCC standard was not used ..... 2

B5. Serum Cystatin C – CBL |\_|\_| . |\_|\_| (mg/L)