

**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. CKiD VISIT #:

\_\_\_

A3. FORM VERSION:

0 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. Serum Cystatin C |\_\_\_| . |\_\_\_| |\_\_\_| (mg/L)