

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 3 / 1 5 / 0 9

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
CMH..... 2
Both..... 3

B4. Serum Cystatin C – CBL |_|_| . |_|_| (mg/L)

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

B5a. CMH Cystatin Volume |_|_| . |_|_|