

**CENRRAL 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:

1 2 / 0 1 / 0 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. Serum Cystatin C |\_|\_| |\_|\_| . |\_|\_| |\_|\_| (mg/L)

B4. Which laboratory analyzed the sample?

CBL..... 1

CMH..... 2