

CENTRAL LABORATORY – IRON TESTS

FORM L12

Chronic Kidney Disease in Children (CKiD)

SECTION A: GENERAL INFORMATION

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

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A2. CKiD VISIT #:

A3. FORM VERSION:

0 7 / 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:

____/____/____
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B3. Iron Results

- | | | |
|---------------------------------------|-------|---------|
| a. Serum Iron | _ _ _ | (ug/dL) |
| b. Total Iron-Binding Capacity (TIBC) | _ _ _ | (ug/dL) |
| c. Transferrin Saturation (TSAT) | _ _ | (%) |
| d. Ferritin | _ _ _ | (ng/dL) |
| e. Transferrin | _ _ _ | (mg/dL) |

FOR USE BY THE CLERK ONLY