

CENTRAL LABORATORY – VITAMIN D

FORM L13

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 0 / 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

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B3. Vitamin D 25 Hydroxy Results

- a. 25-OH Vitamin D2 |_|_|_|_| (ng/mL)
- b. 25-OH Vitamin D3 |_|_|_|_| (ng/mL)
- c. 25-OH Vitamin Total |_|_|_|_| (ng/mL)

FOR USE BY THE CELL ONLY