

LOCAL LABORATORY – CBC RESULTS
FORM L04

Chronic Kidney Disease in Children (CKiD)
SECTION A: GENERAL INFORMATION

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

|_| - |_|_| - |_|_|_|

A2. Protocol type:

Regular Study Visit..... 0

Post-Dialysis Visit..... 1

Post-Transplant Visit..... 2

CKiD VISIT #:

___ _

FORM VERSION:

0 4 / 0 1 / 1 8

A5. DATE FORM COMPLETED:

___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

A6. FORM COMPLETED BY (INITIALS):

___ ___

A7. Is this study visit an irregular (accelerated) visit? Yes..... 1
No..... 2

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

(SPECIFY)

B2. DATE SAMPLE DRAWN:

___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

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B3. CBC Blood Results:

a. Leukocyte Count (white blood cells) * (cu mm)

*Use the table below if results are reported in units of 10³uL.	
4.5 x 10 ³ uL = 4500 cu mm	9.0 x 10 ³ uL = 9000 cu mm
5.0 x 10 ³ uL = 5000 cu mm	9.5 x 10 ³ uL = 9500 cu mm
5.5 x 10 ³ uL = 5500 cu mm	10.0 x 10 ³ uL = 10000 cu mm
6.0 x 10 ³ uL = 6000 cu mm	10.5 x 10 ³ uL = 10500 cu mm
6.5 x 10 ³ uL = 6500 cu mm	11.0 x 10 ³ uL = 11000 cu mm
7.0 x 10 ³ uL = 7000 cu mm	11.5 x 10 ³ uL = 11500 cu mm
7.5 x 10 ³ uL = 7500 cu mm	12.0 x 10 ³ uL = 12000 cu mm
8.0 x 10 ³ uL = 8000 cu mm	12.5 x 10 ³ uL = 12500 cu mm
8.5 x 10 ³ uL = 8500 cu mm	13.0 x 10 ³ uL = 13000 cu mm

b. Erythrocyte Count (red blood cells) . (M/cu mm) or (x10⁶uL)

c. Platelet Count (PLTs) (K/cu mm) or (x10³uL)

d. Hemoglobin . (g/dL)

e. Packed Cell Volume (Hematocrit) . (%)

f. Mean Corpuscular Hemoglobin (MCH) . (pg/cell)

g. Mean Corpuscular Hemoglobin Concentration (MCHC) . (g/dL)

h. Mean Corpuscular Volume (MCV) . (fL)

i. Red Blood Cell Distribution Width (RDW) . (%)