

LOCAL LABORATORY – URINE ASSAY RESULTS
Form L06
(ONLY COMPLETE IF LOCAL URINE ASSAY WAS PERFORMED)

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-Transplant Visit..... 2

A3. CKiD VISIT #:

___ ___

A4. 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

B3. **Components of Local Urine Protein Creatinine Ratio:**

a. Protein: |_|_|_|_|_|_|_|_| (mg/dl)

b. Creatinine: |_|_|_|_|_|_|_|_| (mg/dl)