



NKDEP Clinical Lab Study

Directions: Please provide only one answer unless otherwise indicated.

1. Does your lab report serum creatinine values for adults (18 and older)? (Check one)

Yes

No

Not sure

Skip to question #10 on back.

2. How does your lab report serum creatinine values? (Check one)

mg/dL

$\mu\text{mol/L}$

3. To how many decimal places do you report the creatinine result? (Check one)

None

One

Two

4. How many serum creatinine tests did your lab perform in 2005? _____

5. Does your lab EVER report estimated glomerular filtration rates (eGFR) with serum creatinine determinations? (Check one)

Yes

No

Not sure

Skip to question #7 on back.

6. Is your lab currently considering reporting eGFR with serum creatinine determinations? (Check one)

Yes

No

Not sure

Skip to question #10 on back.

7. Under what circumstances does your lab report eGFR? (Check one)

With ALL measured serum or plasma creatinine determinations

Only when specifically requested

Other: Please specify _____

8. Which estimating equation do you use for your reports? (Check one)

Four-parameter MDRD (age, gender, race, and serum creatinine)

Six-parameter MDRD (age, gender, race, serum creatinine, albumin, and urea)

Cockcroft-Gault (age, gender, weight, and serum creatinine)

Not sure

Other: Please specify _____

9. When reporting eGFR, at what point do you assign a “greater than” (>) value? (Check one)

60 mL/min/1.73 m²

Never. We always report an exact number.

90 mL/min/1.73 m²

Other: Please specify _____

10. Please indicate the ONE identifier you use for your lab when submitting your CMS-116 form (CLIA Application for Certification).

1. Ambulatory surgery center

2. Community clinic

3. Comprehensive outpatient rehabilitation facility

4. Ancillary testing site in health care facility

5. End-stage renal disease dialysis facility

6. Health fair

7. HMO

8. Home health agency

9. Hospice

10. Hospital

11. Independent

12. Industrial

13. Insurance

14. Intermediate care facility for mentally retarded

15. Mobile laboratory

16. Pharmacy

17. School/student health service

18. Skilled nursing facility/nursing facility

19. Physician office—primary care only

19. Physician office—specialty
Specify: _____

20. Other practitioner
Specify: _____

21. Tissue bank/repositories

22. Blood banks

23. Rural health clinic

24. Federally qualified health center

25. Ambulance

26. Public health laboratory

27. Other

Specify: _____

11. Enter the two-letter state or territory abbreviation where your lab is located: _____

Thank you for your help! Please use the enclosed postage-paid envelope and return to: National Institutes of Health; ATTN: Elisa Gladstone; 31 Center Dr, Rm 9A06, MSC 2560; Bethesda, MD 20814-9692.