

Standardization of eGFR

1. From which do more patients die each year?
 - a. Breast Cancer
 - b. Prostate Cancer
 - c. Kidney Failure

2. What are the two most important treatable medical conditions that contribute to the rising incidence of chronic renal disease?
 - a. Diabetes, hypertension
 - b. Malnutrition, anemia
 - c. Glomerulonephritis, Cystic kidney
 - d. Diabetes, glomerulonephritis

3. What racial/ethnic groups are especially at risk for unrecognized chronic kidney disease?
 - a. African Americans
 - b. Northern Europeans
 - c. Asians
 - d. A and C

4. One of the two of the reasons for the IFCC/NKDEP initiative for standardization of creatinine.
 - a. Help combat the growing rise of hypertension
 - b. Consistent Creatinine Reporting World Wide
 - c. Help combat the growing rise of diabetes

5. When standardized, to what method will creatinine values be traceable?
 - a. IDMS Reference Method
 - b. Alkaline Picrate (Jaffe) Method
 - c. Enzymatic Creatinine Method

6. Are weight and age required to report eGFR?
 - a. True
 - b. False

7. What equation is recommended by NKDEP, for calculation of eGFRs from creatinine measurement ?
 - a. Cockcroft-Gault Equation
 - b. MDRD Equation
 - c. Creatinine Clearance Equation
 - d. $E=MC^2$

8. How many values for eGFR do you report for a 68 year old female patient with a creatinine of 1.1 mg/dL, whose race is unknown?
 - a. 1
 - b. 2
 - c. 3
 - d. 4

9. What other laboratory tests might be used with eGFR to monitor patients at risk of CKD
 - a. Creatinine
 - b. Microalbumin
 - c. Glucose
 - d. All of the above

10. Name two groups of healthcare providers the laboratory must inform concerning change in values caused by the standardization of creatinine?
 - a. Pharmacy, Physicians
 - b. LIS company, Proficiency Testing Providers
 - c. Radiology, Surgery



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