ATLAS CONCORDAT / RESEARCH TO READER

Kidney results

A record for your next appointment

Bring the report. Write down the question. Leave room for the answer.

This guide explains two common kidney tests and provides space to record results, list medicines, and prepare questions for your care team. It is written for adults preparing for a kidney-care appointment.

The worksheet keeps your laboratory report separate from what you think a result means. Your clinician can then discuss the result with the history and other findings that belong beside it.

EDUCATIONAL WORK SAMPLE

Not clinically reviewed. Not medical advice.

Published to demonstrate research communication and document organization. This guide does not interpret your results or recommend treatment. Read the scope and use notice on the final page.

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01 / READING THE REPORT

What the tests tell you

Estimated glomerular filtration rate (eGFR)

eGFR estimates how well the kidneys filter blood. It is commonly calculated using a blood creatinine result. Creatinine is a waste product associated with muscle activity. [1]

Urine albumin-to-creatinine ratio (ACR)

Albumin is a blood protein. Its presence in urine can indicate kidney damage. Urine ACR compares the amount of albumin with creatinine in the urine. It provides different information from eGFR. [1]

Why a dated record matters

One abnormal eGFR or ACR result does not, by itself, establish chronic kidney disease. KDIGO advises checking for evidence that abnormalities have persisted for at least three months; an abnormal result can also reflect an acute problem. [2, Practice Points 1.1.3.1 and 1.1.3.2]

Ask your clinician what the result means now and when it needs follow-up. The chronicity definition is not an instruction to wait for care.

A dialysis decision is not one number

KDIGO advises considering symptoms and signs together with laboratory findings, kidney function, quality of life, and the person's preferences. A single result is not the whole decision. [2, Practice Point 5.4.1]

USE THE ORIGINAL REPORT

Copy each test name as printed. Record its result with the unit and collection date. Keep the laboratory report with your notes. If two reports use different units or labels, ask the care team how to compare them.

Source numbers refer to the linked source ledger on page 5. These explanations are general; they do not interpret an individual result.

02 / WORKSHEET

Keep the result and its source

Use one row for each test. Attach the original reports or note where they are stored. Leave missing information blank rather than estimating it.

Collection date	Test name	Result and unit	Report or file

Context to discuss

Record events with dates, without assuming that one caused another. Keep your observations separate from a clinician's explanation. Use an extra sheet if needed.

Date	What happened or changed	Question for the care team

Clinician's interpretation and date

Agreed follow-up: who will do what, and when?

This is a record sheet, not a diagnostic scorecard. Do not use it to decide whether to start, stop, or postpone treatment.

03 / APPOINTMENT NOTES

Bring questions you need answered

Start with the question that concerns you most. Write the answer in the clinician's words, and ask what to do if you are unsure afterward.

Results and follow-up

What do these results mean in my case? Which earlier results help explain them? When should testing be repeated? What changes or symptoms should prompt me to contact you sooner?

Medicines and supplements

Bring a current list of every medicine and supplement you use, including nonprescription products and vitamins. Ask a pharmacist or clinician to check the list. NSAIDs such as ibuprofen and naproxen can harm kidneys, including when someone is dehydrated. [3]

Product and strength	Amount and frequency used	Question or concern

Food and fluid

There is no single eating plan for everyone with chronic kidney disease. Ask for individual advice about fluid intake and about protein and potassium. Do you need specific limits? Would a kidney dietitian help? [4]

My most important question today

BEFORE CHANGING A PLAN

Do not start or stop prescribed treatment using this guide. Ask your care team before changing medicines, supplements, or prescribed food and fluid limits. Follow existing urgent-care instructions; do not wait for this worksheet or a routine appointment.

04 / SOURCE LEDGER

What supports this guide

The four sources below were accessed on 22 September 2026. The selection addresses the statements in this sample; it is not a systematic review. The record sheets and appointment prompts were written for this document.

1. NIDDK

Chronic Kidney Disease Tests & Diagnosis

Purpose of blood filtration testing and urine albumin testing.

2. KDIGO

2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease

Practice Points 1.1.3.1 and 1.1.3.2: chronicity. Practice Point 5.4.1: dialysis decisions.

3. NIDDK

Keeping Kidneys Safe: Smart Choices about Medicines

Medicine lists, nonprescription products, pharmacist review, and NSAID cautions.

4. NIDDK

Healthy Eating for Adults with Chronic Kidney Disease

Individual eating plans. Guidance on fluid intake and on protein and potassium.

About the sources

NIDDK is the National Institute of Diabetes and Digestive and Kidney Diseases, part of the US National Institutes of Health. KDIGO is Kidney Disease: Improving Global Outcomes. Click a source title to open the original.

Scope and use

This Atlas Concordat work sample demonstrates research communication. It has not undergone clinical review and is not medical advice, a diagnosis, or a treatment plan. Atlas does not provide clinical care; reading this document does not establish a clinician-patient relationship.

Use a qualified healthcare professional for decisions about your health. Do not change medicines, supplements, diet, fluids, or dialysis arrangements on the basis of this document. Do not disregard professional advice or delay care because of it. In a medical emergency, contact local emergency services.

Sources reflect the review date and may change. No improvement in kidney function or delay in dialysis is claimed or guaranteed. The worksheets contain no patient data. This adaptation does not validate any other publication.