

# Estimated Glomerular Filtration Rate (eGFR) Blood Test Form

Patient information	
Full name:	
Date of birth:	Gender:
Address:	
Phone number:	Email address:
Emergency contact name:	Contact information:
Patient ID (if applicable):	
Relevant health history:	
Patient information	
Test date:	
Reason for test:	
Reference values	
<b>eGFR</b> <i>(expressed in units of milliliter per minute per 1.73 m<sup>2</sup>)</i>	<b>Possible kidney condition</b>
90 or higher	Potential kidney damage (e.g., protein in the urine) with normal kidney function.
60-89	Kidney damage with a slight reduction in kidney function.
45-59	Mild to moderate decrease in kidney function.
30-44	Moderate to severe loss in kidney function.
15-29	Severe loss of kidney function
Less than 15	Kidney failure
Patient's eGFR value:                      mL/min/1.73m <sup>2</sup>	
Remarks	
Healthcare provider information	
Name:	
Contact information:	
Signature: <i>ethompson</i>	Date:

American Kidney Fund. (2025, January 3). *Blood test: eGFR*. <https://www.kidneyfund.org/all-about-kidneys/tests/blood-test-egfr>

National Kidney Foundation. (2022, July 13). *Estimated glomerular filtration rate (eGFR)*. <https://www.kidney.org/kidney-topics/estimated-glomerular-filtration-rate-egfr>