Figure 1. Monitoring Chronic Kidney Disease Using eGFR and Urine Albumin-Creatinine Ratio (Kidney Profile, test code 39165): Frequency and Follow-up

Low risk (if no other kidney disease markers, no CKD)**:**
Screen yearly (**1x**)

Moderately high risk:
Monitor yearly (**1x**)

High risk:
Monitor 2 times yearly (**2x**)

Very high risk:
Monitor 3 times yearly (**3x**)

Very high risk:
Monitor ≥4 times yearly (**≥4x**)

T **Treat**

R **Refer**

CKD stage and eGFR range (mL/min/1.73 m^2)				Albuminuria categories and ACR ranges (mg/g creatinine)		
				Normal to mildly increased	Moderately Increased	Severely increased
				<30	30-299	≥300
	1	Normal or high	≥90	**1x**	**1x,T**	**2x,T,R**
	2	Mildly decreased	60-89	**1x**	**1x,T**	**2x,T,R**
	3A	Mildly to moderately decreased	45-59	**1x,T**	**2x,T**	**3x,T,R**
	3B	Moderately to severely decreased	30-44	**2x,T**	**3x,T**	**3x,T,R**
	4	Severely decreased	15-29	**3x,T,R**	**3x,T,R**	**≥4x,T,R**
	5	Kidney failure	<15	**≥4x,T,R**	**≥4x,T,R**	**≥4x,T,R**

ACR, albumin-creatinine ratio; CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate; R, refer to specialist (see text); T, treat (see text)

eGFR is based on creatinine. For more accurate estimation, especially in patients whose creatinine levels may be influenced by diet and/or muscle mass (see text) consider Estimated Glomerular Filtration Rate (eGFR) with Creatinine and Cystatin C (test code 13581). This figure was adapted from reference 1 (with permission) and is provided for informational purposes only as a guide for using laboratory tests and is not intended as medical advice. Test selection and interpretation, diagnosis, and patient management decisions should be based on the physician's education, clinical expertise, and assessment of the patient.

Content reviewed 11/2025

Quest Diagnostics®