

Get a more complete assessment of chronic kidney disease

CKD is a growing concern

More than 35 million US adults (or about 1 in 7) are estimated to have chronic kidney disease (CKD).¹ About 90% are unaware of their condition, as early-stage CKD is often asymptomatic, and symptoms typically appear in advanced, more severe stages.¹



35 million Americans
have CKD¹



9 out of 10 people with CKD
don't know they have it¹



About 1 in 3 adults with severe CKD
(stages 4 and 5) remain undiagnosed¹

Identifying and treating CKD in your patients at earlier stages can help you guide lifestyle changes that could mitigate risk factors, potentially preventing or delaying adverse outcomes, including cardiovascular events and death.

Accurate diagnosis, staging, and risk stratification using the Kidney Profile

Traditional eGFR testing evaluates kidney function and defines the stage of CKD. The uACR test indicates the presence of kidney damage. Guidelines recommend evaluating eGFR and uACR together for a complete picture of kidney health. **The Kidney Profile from Quest** includes both tests to help appropriately diagnose and stage CKD and assess the risk of progression.

uACR is also useful to detect early-stage CKD, as a normal eGFR can still be accompanied by albuminuria. Albuminuria is independently associated with

- Worsening CKD
- Increased risk of cardiovascular events
- Increased risk of overall mortality

In patients with diabetes, early detection of albuminuria, followed by appropriate treatment, may slow or prevent progression to end-stage renal disease.²



Who should be screened with the Kidney Profile?

National Kidney Foundation (NKF) guidelines recommend annual Kidney Profile testing in all patients with

- Diabetes
- Hypertension
- Existing CKD
- Family history of CKD
- Other risk factors including
 - Moderately obese
 - ≥ 65 years old

Clear staging and follow-up recommendations

With the Kidney Profile, a comprehensive results report maps the CKD stage and provides evidence-based guidance from KDIGO on testing frequency and recommendations for CKD-related complications and comorbidities.

You can map your patient's results on the KIDGO risk map to determine



Your patient's CKD stage



Frequency to repeat eGFR and uACR testing



When to consider a referral to a nephrologist

				Albuminuria categories and ACR ranges (mg/g creatinine)		
				Normal to mildly increased	Moderately increased	Severely increased
				< 30	30-299	≥ 300
CKD stage and eGFR range (mL/min/1.73m ²)	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	

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

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

This figure was adapted from Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. *Kidney Int.* 2024;105(4S): S117-S314. (used with permission)

Meeting quality standards

Quest's laboratory data and profile testing help your organization meet Healthcare Effectiveness Data and Information Set (HEDIS®) quality measures and achieve Merit-Based Incentive Payment System (MIPS) value-based care goals.

To meet HEDIS requirements for kidney health evaluation for patients with diabetes, at least 1 eGFR and 1 uACR is required during the measurement period. The dipstick method to measure the presence of albumin in the urine does not meet HEDIS requirements.



Creatinine and cystatin C combined provide the most accurate eGFR

Two blood biomarkers can be used to estimate kidney function by eGFR: serum creatinine or cystatin C. Both biomarkers have non-GFR factors that may influence the eGFR, making it less accurate.³



Considerations for creatinine-based eGFR

Creatinine is a waste product from muscle and can be influenced by certain health conditions and diet. It may be influenced in patients who

- Are pregnant
- Have acute illness
- Have serious comorbid conditions
- Have extremes of muscle mass
- Suffer from malnutrition
- Are on a vegetarian or low-meat diet
- Are taking creatinine dietary supplements

Considerations for cystatin C

Cystatin C is a protein produced by all the cells in the body and can be influenced by

- Thyroid disorders
- Corticosteroid use
- Smoking⁴

Kidney function screening is recommended using serum creatinine to provide the eGFR. However, in certain populations when a more accurate eGFR is required, the 2024 KDIGO guidelines recommend testing eGFR using both creatinine and cystatin C.

An eGFR with creatinine and cystatin C may be recommended for patients

- With CKD stage of 3A or greater (eGFR < 60)
- On a high- or low-meat diet
- With elevated uACR (≥ 30 mg/dL)
- With extremes of body mass

The importance of accurate kidney function estimation

For some patients, serum creatinine alone may not accurately reflect kidney function, and a dual-marker strategy combining both serum creatinine and cystatin C is strongly recommended.⁵

This dual-marker approach also helps with precise dosing for renally-cleared medications, leading to improved clinical outcomes.⁶

Incorporating both serum creatinine and cystatin C improves GFR estimation across various patient populations, improving diagnostic accuracy for CKD, strengthening risk prediction for comorbid conditions, and increasing patient safety for treatment strategies.

Choosing the appropriate eGFR test

eGFR, creatinine

Primary screening method for kidney function

eGFR, creatinine-cystatin C

When a more accurate eGFR is required

eGFR, cystatin C

Specific use scenarios



Multiple Kidney Profile options to meet your unique needs

Quest offers a comprehensive menu of CKD testing options, so you can choose the most appropriate one based your patient's clinical history.

Test code	Test name	Components
39165	Kidney Profile	Creatinine (includes eGFR), Albumin, Random Urine with Creatinine (includes Albumin/Creatinine Ratio)
13581	Estimated Glomerular Filtration Rate (eGFR) with Creatinine and Cystatin C	Creatinine (includes eGFR), Cystatin C (eGFR)
18365	Kidney Profile with Reflex to eGFR (Creatinine-Cystatin C)	Creatinine (includes eGFR), Albumin, Random Urine with Creatinine (includes Albumin/Creatinine Ratio), if uACR is ≥ 30 or creatinine eGFR is < 60 , reflexes to Estimated Glomerular Filtration Rate (eGFR) with Creatinine and Cystatin C
18360	Kidney Profile with eGFR (Creatinine-Cystatin C)	Creatinine (includes eGFR), Albumin, Random Urine with Creatinine (includes Albumin/Creatinine Ratio), Estimated Glomerular Filtration Rate (eGFR) with Creatinine and Cystatin C

Profile components may be ordered individually: Creatinine (includes eGFR): 375; Albumin, Random Urine with Creatinine (includes Albumin/Creatinine Ratio): 6517; Cystatin C (eGFR): 94588.



For more information about CKD testing, [visit QuestDiagnostics.com/CKD](https://www.questdiagnostics.com/CKD) or talk to your Quest Diagnostics representative.



Got 7 minutes? Listen to our Healthier World podcast episode, *Instant insights: Kidney Profile and eGFR with Creatinine and Cystatin C*. Scan the QR code to find this episode and more.



References

- Centers for Disease Control and Prevention. Chronic kidney disease in the United States, 2023. Updated May 15, 2024. Accessed January 15, 2026. <https://www.cdc.gov/kidney-disease/php/data-research/index.html>
- American Diabetes Association. Chronic kidney disease and risk management: standards of medical care in diabetes—2022. *Diabetes Care*. 2022;45(suppl 1):S175-S184. doi:10.2337/dc22-S011
- Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2024 clinical practice guideline for the evaluation and management of chronic kidney disease. *Kidney*. 2024;105(4S):S117-S314. doi:10.1016/j.kint.2023.10.018
- Levey AS, Coresh J, Tighiouart H, et al. Measured and estimated glomerular filtration rate: current status and future directions. *Nat Rev Nephrol*. 2020;16(1):51-64. doi:10.1038/s41581-019-0191-y
- Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2024 clinical practice guideline for the evaluation and management of chronic kidney disease. *Kidney Int* 2024;105(4S):S117-S314. doi:10.1016/j.kint.2023.10.018
- Łapczuk-Romańska J, Drożdżik M, Oswald S, Drożdżik M. Kidney drug transporters in pharmacotherapy. *Int J Mol Sci*. 2023;24(3):2856. doi:10.3390/ijms24032856

Test codes may vary by location. Please contact your local laboratory for more information.

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