

C-renal failure notify

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
RENAL FAILURE FORM # 128**

This form is used to notify the DCC when any Cohort Study patient starts chronic dialysis or is transplanted, whenever the Clinical Center becomes aware of this.

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1. Identification Number...

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2. Name Code...

3. Reason for completing this form *rea_form*
(1=pt. went on dialysis, 2=pt. received a transplant, 3=return to dialysis after transplant)

For dialysis patients only:

4. Date dialysis began (mm/dd/yyyy) *dia_dt*

5. Type of dialysis (1=hemodialysis, 2=peritoneal dialysis) *dia_type*

For transplanted patients only:

6. Date of transplant (mm/dd/yyyy) *trans_dt*

7. Type of transplant: (1=living related, 2=living-unrelated, 3=cadaveric) *trans_type*

For all patients:

8. What does the PI think caused this patient's loss of renal function? *Cause_rf*

0=none

1=Hypertensive nephrosclerosis (as we thought when we enrolled the patient)

2=Diabetic nephropathy

3=Focal glomerulosclerosis

4=Membranoproliferative glomerulonephritis

5=Multiple myeloma

6=Allergic Interstitial Nephritis

7=Polycystic Kidney Disease

8=Reaction to contrast dye

9=unknown

10=Renal Artery Stenosis

11=Primary Aldosteronism

12=Recurrent nephrolithiasis

13=Recurrent pyelonephritis

14=Obstructive uropathy

15=Street drug usage

(If the reason for question 8 is known but not listed, contact the DCC for a new code number.)

9. Has this patient ever had a renal biopsy? (0=no, 1=yes, 9=unknown) ren_biop

10. If # 9 = yes, what was the date of the renal biopsy?
(mm/dd/yyyy) biop_dt

11. If # 9 = yes, what did the renal biopsy show? biop_res

200. Date this form completed (mm/dd/yyyy) compl_dt

201. Certification ID of person completing this form compl_by

For Clinical Center Use Only:

Certification ID of person entering this form: _____

Date Entered: ___/___/_____