



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

PARTICIPANT ASSIGNMENT

DEMO, ELIG and **SCRLAB** case report forms must be entered and verified prior to completing Participant Assignment (**ASSIGN**).

eGFR VALUE

Record eGFR value in item# 1 by clicking on eGFR module and entering Participant ID.

1. eGFR value: _____ ml/min/1.73m²

Enter eGFR value in the Participant Assignment module.

PARTICIPANT ASSIGNMENT

Check responses from Participant Assignment module in item #s 2, 3, 4, 4a and 4b on the **ASSIGN** case report form.

2. Participant eligible for the CRIC study based on age and eGFR value: ₁ Yes ₀ No

3. Participant eligible for CRI study based on Eligibility Assessment case report form (**ELIG**): ₁ Yes ₀ No

4. Participant eligible for participation in the CRIC study sub-cohort: ₁ Yes ₀ No

4a. Participant eligible for ¹²⁵I-iothalamate GFR testing: ₁ Yes ₀ No

4b. Participant eligible for EBT (CT) testing: ₁ Yes ₀ No

VERIFICATION

Click on "Verify" to re-enter Participant Assignment outcome for item # 2, 3, 4, 4a and 4b.