Persons using assistive technology may not be able to fully access information in this file. For assistance, e-mail niddk-cr@imsweb.com. Include the Web site and filename in your message.

Participant ID: **Participant Initials:**

Clinical Center: **Site:** **Visit Number:**

CRF Date: **RC ID:**

PARTICIPANT ASSIGNMENT

DEMO, ELIG and SCRLAB 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/1.73m^2

Enter eGFR value in the Participant Assignment module.

PARTICIPANT ASSIGNMENT

Check responses from Participant Assignment module in Item #s 2, 3 and 4 on the CRF.

2. Participant eligible based on age and eGFR value: ❑$_1$ Yes ❑$_0$ No
3. Participant eligible for CRI Cohort based on ***ELIG***: ❑$_1$ Yes ❑$_0$ No
4. Participant selected for participation in the sub-cohort: ❑$_1$ Yes ❑$_0$ No

VERIFICATION

Click on "Verify" to re-enter Participant Assignment outcome for Item #s 2, 3 and 4.