



Registration Form

CRISP -FORM # 2

Missing Codes:
A-Participant refused
B-Reading not possible
C-Investigator forgot

Use Missing Codes to indicate reason for absent information.

This form is to be completed at the participant's first clinic visit during baseline.

1. Date of Baseline Visit: _____ / _____ / _____ **PVDT**
Month Day Year

2. Date the consent form was signed: _____ / _____ / _____ **CFDT**
Month Day Year

3. Gender (circle): Male Female **SEX**

4. Date of birth: _____ / _____ / _____ **BRTHDT**
Month Day Year

5. Race/Population (circle one): **RACE**
Caucasian African American Asian Hispanic Native American Pacific Islander Unknown
Other (Please specify): _____

6. Treating physician affiliation (circle): CRISP physician Other nephrologist Other Physician **TPA**

7. Is the participant currently enrolled in another study in addition to CRISP (circle)? Yes No **CINFO**
If Yes, specify: _____ **ASTUDY**

8. Place of Birth: _____ **BCITY** _____ **BST8** _____ **BCTY**
City State/Province Country

9. Education (in total number of years) _____ **EDU** _____ years

10. Has the participant been enrolled at high risk or low risk for progression to ESRD? See Enrollment Log Form 23 (circle):
High risk Low risk **HILOR**

11. Diagnosis of PKD (please obtain information from Medical Records):

11a. Date when first diagnosed with PKD: _____ / _____ / _____ **HDMDT**
Month Day Year

Clinical Center: _____
Participant ID: _____
Visit Number: _____

11. Diagnosis of PKD (continued)

11b. How was the diagnosis made (circle one): Ultrasound CT scan MRI IVP X-Ray Angiogram
HDIAG

Unknown Other, Specify: HDOT

11c. Why diagnosis was made (circle one): WDIAG

Screening asymptomatic individual Symptomatic presentation/physical findings Unknown

If this is a symptomatic presentation, then specify reason: DREAS

12. Is a family member a participant in this study? (circle one): yes no FMPS

13. Final Enrollment Status:

13a. Please indicate the final status of the potential participant (circle one): REGSTAT

Eligible and enrolled Eligible but failed to enroll (see 13b) Ineligible and withdrawn (see 13c)

13b. If failed to enroll is circled, indicate the primary reason participant failed to enroll (circle one): FTE

unwilling to miss school/work unwilling to travel to clinics for visits unwilling to make follow-up commitment

Other (please specify): FTEO

13c. If ineligible is circled, check all reasons for which participant is ineligible:

- | | | |
|--|-----|--|
| Age less than 15 years or greater than 45 years | () | INELG1 |
| Weight > 350 lbs. (158.6 kg) | () | INELG2 |
| Total or partial nephrectomy | () | INELG3 |
| Congenital absence of a kidney | () | INELG4 |
| Previous renal cyst reduction | () | INELG5 |
| Documented presence of renal vascular disease | () | INELG6 |
| Indwelling ureteric stents | () | INELG7 |
| Renal parenchymal infection within the past six months | () | INELG8 |
| Hospitalized within the past 6 months for an acute illness | () | INELG9 |
| Myocardial infarction or cerebral vascular accident within the last 6 months | () | INELG10 |
| Unstable angina | () | INELG11 |

Clinical Center: _____

Participant ID: _____

Visit Number: _____

13c. (continued)

- Diagnosed with non-insulin dependent or insulin dependent diabetes mellitus () INELG12
- Presence of systemic illness with renal involvement () INELG13
- History of or currently present malignancy () INELG14
- Pregnant or lactating () INELG15
- Delivered a child with the last 6 months () INELG16
- History of significant diseases such as:
pulmonary disease, cardiac disease or liver disease () INELG17
- Serum creatinine is > 1.4 mg/dL for female or >1.6 mg/dL for male () INELG18
- GFR less than 70 ml/min () INELG19
- Urinary protein excretion >2000 mg () INELG20
- Significant anemia () INELG21
- Significant thrombocytopenia () INELG22
- Significant neutropenia () INELG23
- Unable to give written informed consent () INELG24
- Contraindications to MR scan () INELG25
- Other (Please specify): _____ INELG26 / INELGO _____

CRISP Member completing this form CMIDNUM Date form completed: _____ / _____ / _____ CDDATE
Month Day Year

Contents of Form Reviewed by Principal Investigator (required signature): _____

Date Principal Investigator signed: _____ / _____ / _____ RSDATE
Month Day Year

Data Entry Status: Please check to indicate that the above information has been entered

Data Entry Person DEIDNUM Date Form Entered: _____ / _____ / _____ DEDATE
Month Day Year

Clinical Center: _____
 Participant ID: _____
 Visit Number: _____