



Attention - DO NOT enter patient data on this form if the header does not contain preprinted CRISP ID number, clinical center ID, and visit number.

Participant ID: _____ pkdid

Clinical Center: _____ pccn

visit:

Registration Form

10. Exclusion Criteria

If yes is checked for **any** of the criteria listed in section 10, go to section 14 and check **Ineligible** for Participant Status; **do not** complete sections 11, 12, and 13.

If all are no, go to section 11.

Does the participant have a current psychiatric or addiction non-compliance disorder that in the discretion of the principal investigator indicates that they will not successfully complete the study? *curpsyc* 0 No 1 Yes

Does the participant have a current medical problem that in the discretion of the principal investigator would make unsafe their participation in the study? *cur* 0 No 1 Yes

Does the participant have another condition that in the discretion of the principal investigator makes the participant ineligible? *ocrit* 0 No 1 Yes

If yes, please specify: _____
otcritsp

11. Failed to Enroll Criteria

If the participant is unwilling to enroll in the study, indicate reason(s).

If yes is checked for **any** of the criteria listed in section 11, go to section 14 and check **Failed to Enroll** for Participant Status; **do not** complete section 12 or 13.

If all are no, go to section 12.

Is the participant unwilling to miss school/work? *schwork* 0 No 1 Yes

Is the participant unwilling to travel to clinics for visits? *travcl* 0 No 1 Yes

Is the participant unwilling to make a follow-up commitment? *fucom* 0 No 1 Yes

Is there any other circumstance that in the discretion of the principal investigator constitutes a valid reason for failing to enroll? *otherr* 0 No 1 Yes

If yes, please specify _____
othensp



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12. Eligible but Modified Criteria – Part I

Review **all** possible conditions listed in section 12 with the participant. Check any that apply. If **any** of the MR contraindications are checked, go to section 14 and check **Eligible but Modified** for Participant Status. **Do not** complete section 13.

If none are checked, go to section 13.

- Weight > 158.6 kg (350 lbs) *weight*
- Pregnant *preg*
- Cardiac Pacemaker *cardpac*
- Implanted cardioverter defibrillator (ICD) *cardef*
- Neurostimulation system *neuron*
- Claustrophobia *claust*
- Spinal cord stimulator *spinal*

13. Eligible but Modified Criteria – Part II

Review **all** possible conditions listed in section 13 (continued on the next 2 pages) with the participant. Check any that apply. If **any** are checked, please discuss with the radiologist to determine the Participant Status.

If none are checked, go to section 14 and check **Eligible and Enrolled**.

- Bone growth/bone fusion stimulator *bonfus*
- Cochlear, otologic, or other ear implant *earimp*
- Insulin or other infusion pump *insul*
- Implanted drug infusion device *druginf*
- Eyelid spring or wire *eyel*
- Tissue expander (e.g. breast) *tissex*
- Hx of working with metal *hxwkmet*
- Hx of metal in eyes *hxmeteye*
- Aneurysm Clip(s) *aneu*
- Hearing aid *hearaid*



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<input type="checkbox"/>	Embolization coils <i>emcoil</i>
<input type="checkbox"/>	Internal electrodes or wires <i>wires</i>
<input type="checkbox"/>	Any type of prosthesis (eye, penile, etc.) <i>prost</i>
<input type="checkbox"/>	Heart valve prosthesis <i>heart</i>
<input type="checkbox"/>	Metallic stent, filter, or coil <i>metst</i>
<input type="checkbox"/>	Artificial or or prosthetic limb <i>proslim</i>
<input type="checkbox"/>	Shunt (spinal or intraventricular) <i>shunt</i>
<input type="checkbox"/>	Vascular access port and/or catheter <i>vascath</i>
<input type="checkbox"/>	Radiation seeds or implants <i>radseim</i>
<input type="checkbox"/>	Swan-Ganz or thermodilution catheter <i>swan</i>
<input type="checkbox"/>	Medication patch (Nicotine, Nitroglycerine) <i>patch</i>
<input type="checkbox"/>	Any metallic fragment or foreign body <i>metfrag</i>
<input type="checkbox"/>	Wire mesh implant <i>wimeim</i>
<input type="checkbox"/>	Surgical staples, clips or metallic sutures <i>surstcl</i>
<input type="checkbox"/>	Joint replacement (hip, knee, etc.) <i>jorep</i>
<input type="checkbox"/>	Bone/joint pin, screw, nail, wire, plate, etc. <i>bojpin</i>
<input type="checkbox"/>	IUD, diaphragm or pessary <i>iud</i>
<input type="checkbox"/>	Dentures or partial plates <i>denppl</i>
<input type="checkbox"/>	Tattoo or permanent makeup <i>tattoo</i>
<input type="checkbox"/>	Body piercing jewelry <i>bopierc</i>
<input type="checkbox"/>	Other implant <i>otimp</i>
	Please specify: _____ <i>impsp</i>
<input type="checkbox"/>	Breathing problem <i>breatpr</i>
<input type="checkbox"/>	Other <i>other</i>
	Please specify: _____ <i>othersp</i>



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14. Participant Status: <i>finenro</i> (Check only one)
1 <input type="checkbox"/> Ineligible - Stop
2 <input type="checkbox"/> Failed to Enroll - Stop
3 <input type="checkbox"/> Eligible but Modified – Continue, no MRI
4 <input type="checkbox"/> Eligible and Enrolled - Continue

CRISP Member completing this form _____ *cdidnum*

Date Form Completed ___/___/___ *cddate*

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

Primary Entered by: _____ Date: ___/___/___ *deidnum dedate*

Secondary Entered by: _____ Date ___/___/___