



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:

Endpoints Form

This form is to be completed by designated personnel once the participant has reached KDOQI Stage IV, End Stage Renal Disease, or Death. The form should be updated every three months until Death has occurred.

NOTE: KDOQI Stage IV occurs when eGFR (using MDRD formula) falls below 30.

NOTE: ESRD is defined as the start of hemodialysis, peritoneal dialysis or kidney transplantation, at the discretion of the subject's primary nephrologist. This form, in addition to other lab and chart information, will be adjudicated by the medical advisor to ensure the start of dialysis or kidney transplantation is reasonable.

Date of Visit: <i>dvdate</i>	/		/	
Please document endpoint currently reached. <i>endpt</i>				
1 <input type="checkbox"/> KDOQI Stage IV (Complete Section A & STOP)				
2 <input type="checkbox"/> ESRD (Complete Section B & STOP)				
3 <input type="checkbox"/> Death (Complete Section C & STOP)				
A. KDOQI Stage IV				
Date KDOQI <i>kdoqidt</i>	/		/	
Serum creatinine value that triggered the Stage IV designation (Not to be completed by site) <i>scriv1</i> _____				
eGFR that triggered the Stage IV designation (Note to be completed by site) <i>egfriv1</i> _____				
If different, the most recent serum creatinine value <i>scriv2</i> _____ mgdL				
eGFR calculated from most recent serum creatinine value (Not to be completed by site) <i>egfriv2</i> _____				
B. ESRD				
Date ESRD <i>esrdt</i>	/		/	
Type of Renal Replacement Therapy: <i>renrepthr</i>				
1 <input type="checkbox"/> Decreased Donor Kidney Transplantation				
2 <input type="checkbox"/> Living Donor Kidney Transplantation				
3 <input type="checkbox"/> Hemodialysis				
4 <input type="checkbox"/> Peritoneal Dialysis				
5 <input type="checkbox"/> Other Specify: <i>renrepsp</i> _____				



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Endpoints Form

Date of Transplantation or Start of Dialysis

dialdt

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NOTE: If dialysis is started in the hospital and continues in an outpatient setting, use the date of the first in-house dialysis session. Do not include transient dialysis for acute renal failure that does not continue in the outpatient setting.

Was a nephrectomy performed prior to beginning dialysis and/or transplant? *neph*

- 0 No
- 1 Partial
- 2 Full
- 3 Unknown

Most recent serum creatinine value prior to start of dialysis and/or transplant _____ mgdL

recsercr

C. Death

Date of Death *deathdt*

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Was death kidney related? *deathkidrel*

0 No 1 Yes

Was an autopsy performed? *deatautper*

0 No 1 Yes

Was the death certificate obtained? *deatcert*

0 No 1 Yes

Cause of Death *deathcaus*

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 ___/___/___