



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*
visit:

Clinical Center: _____ *pccn*

Missing Data Codes: A-Participant Refused B-Reading Not Possible C-Institutional Error

Endpoints Form

This form is to be completed by designated personnel once the participant has reached End Stage Renal Disease or Death.

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.

- Check here if data were entered from Electronic Health Records (e.g., lost to follow up) or other external data source (e.g., USRDS).

A. Date of Visit: <i>dvdate</i>			/			/			
Please document endpoint currently reached. <i>endpt</i>									
2 <input type="checkbox"/> ESRD <i>(Complete Section B & STOP)</i>									
3 <input type="checkbox"/> Death <i>(Complete Section C & STOP)</i>									
B. ESRD									
Date ESRD <i>esrddt</i>						/			
Type of Renal Replacement Therapy: <i>renrepthr</i>									
1 <input type="checkbox"/> Deceased 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 ____/____/_____
deidnum *dedate*