



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

Participant ID: \_\_\_\_\_ *haltid*

Clinical Center: \_\_\_\_\_ *clinic*

visit

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

**END STAGE RENAL DISEASE FORM (ESRD)**

**Form # 32**

This form is to be completed by designated personnel once dialysis has begun or transplantation has been completed. Provide comments if necessary and retain a copy of ESRD Form CMS-2728/2746 at the site.

NOTE: ESRD is defined as the start of dialysis or kidney transplantation, at the discretion of the subject's primary nephrologist. The purpose of this form is to document the date of ESRD and the reason for initiating RRT.

**1. Type of Renal Replacement Therapy:** *rnlrt*

- 1  Deceased Donor Kidney Transplantation
- 2  Living Donor Kidney Transplantation
- 3  Hemodialysis
- 4  Peritoneal Dialysis
- 5  Other (specify): \_\_\_\_\_ *rnlor*

**2. Date of Transplantation or Start of Dialysis:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*tosm / tosd / tosy*

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 consider transient dialysis for acute renal failure that does not continue in the outpatient setting.

**3. Reason for renal replacement therapy:** (choose all that apply)

- Preemptive Transplantation *pretrans*
- Fluid Overload *fluidol*
- Uremic Symptoms *ursymp*
- Refractory Hyperkalemia Despite Maximal Medical Therapy *hypklem*
- Acidosis *acid*
- Uremic Pericarditis *urprcrd*
- Other *r4oth* (specify): \_\_\_\_\_ *r4ort*

**4. Comments:** *cmt* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OPTIONAL TRACKING INFORMATION FOR MEDICAL RECORDS (Not data-entered)**

Name of Dialysis Unit or Institution \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Date Requested: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Contact: \_\_\_\_\_ Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Comments: \_\_\_\_\_

\*\*\*\*\*  
HALT PKD staff member completing this form: \_\_\_\_\_ *cmidnum* Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month *cdm* Day *cdd* Year *cdy*

Reviewed by Study Investigator: \_\_\_\_\_ (signature required) Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month *pism* Day *pisd* Year *pisy*

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

Primary Entered by: \_\_\_\_\_ *deidnum* Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month *dem* Day *ded* Year *dey*