



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* Date of Report: _____ / _____ / _____
month day year

visit: _____

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

eGFR REDUCTION FORM for KIDNEY FUNCTION ENDPOINT

Form # 33

This form is to be completed by designated personnel whenever eGFR drops by >50% from the baseline value. Please file Form 33 in a separate location in the binder.

Sample count:

1. Initial sample collection:	a. Date: _____ / _____ / _____ <i>initsm initsd initsy</i>
	b. Serum creatinine value: _____ <i>initscr</i>
	c. Age: _____ <i>initage</i>
	d. eGFR: _____ <i>integfr</i>
2. 50% reduction collection:	a. Date: _____ / _____ / _____ <i>cursm cursd cursy</i>
	b. Serum creatinine value: _____ <i>curscr</i>
	c. Age: _____ <i>curage</i>
	d. eGFR: _____ <i>curegfr</i>
	e. % Reduction: _____ <i>curpctr</i>
	f. Visit: _____ <i>curvis</i>
3. Confirmation sample:	a. Date: _____ / _____ / _____ <i>confsm confsd confsy</i>
	b. Serum creatinine value: _____ <i>confscr</i>
	c. Age: _____ <i>confage</i> (determined internally)
	d. eGFR: _____ <i>confegfr</i> (determined internally)
	e. % Reduction: _____ <i>confpctr</i> (determined internally)
	f. Lab used: <i>conflab</i> 1 <input type="checkbox"/> CCF 2 <input type="checkbox"/> Quest
	g. Accession #: _____ <i>confaccn</i>
	Sample #: _____ <i>confsamp</i>
	Subsample #: _____ <i>confsubs</i>



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4. **Mean reduction:** (determined internally)
Endpoint confirmation: (determined internally)

5. **Endpoint resolution:** *confoutc* 1 **Accepted: Participant endpoint has occurred**
2 **Disputed: Reason given below**

6. **Dispute of endpoint – Endpoint disputed by PI due to:**

- Cyst infection/pyelonephritis** *reasona*
- Other type of infection** *reasonb*
- Kidney stone obstruction** *reasonc*
- Dehydration** *reasond*
- Other acute illness that might lead to AKI** *reasone*
- Recent IV contrast** *reasonf*
- Dietary non-compliance** *reasong*
- Medication error** *reasonh*
- AKI related to drug** *reasoni*
- AKI for other reason** *reasonj*

7. **Explanation for disputed endpoint (required):** *cmmnt*

FOR DCC ONLY

8. **ENDPOINT REVIEWED AND ENDORSED BY THE ENDPOINT COMMITTEE** *reviewed*

No further action required – reviewed by Endpoint Committee *noactionrequired*

DATE of ENDPOINT COMMITTEE REVIEW **Date:** ____/____/____ *dtreview*
Month Day Year

Comments regarding endpoint: *endpointscomments*

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

HALT PKD investigator reviewing this form: _____ **Date:** ____/____/____

(signature required) Month Day Year

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

Primary Entered by: _____ **Date:** ____/____/____
deidnum dem Month *ded* Day *dey* Year