CKiD Chronic Kidney Disease in Children Cohort Study

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER ONLY IF LABEL IS NOT AVAILABLE

|__| - |__|__| - |__|__|__|

A2. CKiD VISIT NUMBER:  ___  ___

A3. FORM VERSION:  0  1 / 0  1 / 0  5

A4. DATE FORM COMPLETED:  ___ ___/ ___ ___/ ___ ___ ___ ___

M    M     D    D     Y     Y     Y    Y

A5. FORM COMPLETED BY (INITIALS):  ___ ___ ___

1. Principal Investigator Comments (Optional):

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

SECTION B:

SIGNATURES: Please complete the following section at withdrawal (premature withdrawal or end of study).

I verify that all information collected on the CKiD study forms for this participant is correct to the best of my knowledge and was collected in accordance with the procedures outlined in the CKiD Study Protocol and Manual of Procedures.

Principal Investigator Signature

Date:  ___ ___/ ___ ___/ ___ ___ ___ ___

M    M     D    D     Y     Y     Y    Y

a. Did the P.I. sign this form?  □ 1 ) Yes  □ 2 ) No

Research Coordinator Signature

Date:  ___ ___/ ___ ___/ ___ ___ ___ ___

M    M     D    D     Y     Y     Y    Y

b. Did the R.C. sign this form?  □ 1 ) Yes  □ 2 ) No