

**CKiD Chronic Kidney Disease in Children Cohort Study
 ELIGIBILITY FORM (EL)**

Interviewer Initials ____

Form Version: 08 / 01 / 2017

1. Date Form Completed: ____/____/____ [mm/dd/yyyy]
- 2a. Date of Birth: ____/____/____ [mm/dd/yyyy]
- 2b. Gender: 1) Male 2) Female
3. Most Recent Serum Creatinine Measurement (*If Serum Creatinine is unavailable, "NA" should be checked*): NA
 a. Date: ____/____/____ [mm/dd/yyyy] b. Serum Creatinine Measurement: ____ . ____ [mg/dl]
4. Most Recent Height Measurement:
 a. Date: ____/____/____ [mm/dd/yyyy]
(Date must be closest to most recent Serum Creatinine measurement date)
 b. Height Measurement: ____ 1=in 2=cm
(round height to the nearest inch or centimeter)

INCLUSION CRITERIA

- 5a. Age (in years) as of written consent date is ____.
- 5b. Is this between ≥ 6 months and < 17 years? 1) Yes 2) No
6. Is written consent date less than **5 years** from the date of onset/diagnosis?
 i.e., (Written consent date – Date of Diagnosis) less than 5 years 1) Yes 2) No
7. Does child have a **non-glomerular** diagnosis? (see the list of non-glomerular diagnoses below) 1) Yes 2) No
8. **If YES to question 7, Primary diagnosis** of Chronic Kidney Disease (**please check one**):

Non-Glomerular CKD diagnosis

Please document Date of CKD Onset/Diagnosis

For congenital diagnosis (marked with *), the Date of CKD Onset should be the same as the Date of Birth.

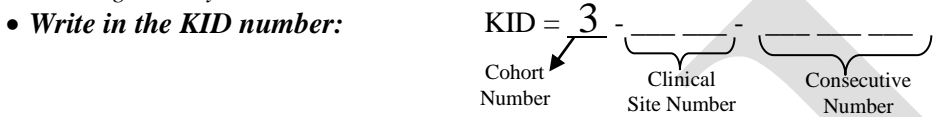
- | | |
|---|-----------------------------|
| <input type="checkbox"/> 65) Branchio-oto-Renal Disease/Syndrome * | ____/____/____ [mm/dd/yyyy] |
| <input type="checkbox"/> 54) Cystinosis * | ____/____/____ [mm/dd/yyyy] |
| <input type="checkbox"/> 57) Medullary cystic disease/juvenile nephronophthisis * | ____/____/____ [mm/dd/yyyy] |
| <input type="checkbox"/> 66) Methylmalonic Acidemia * | ____/____/____ [mm/dd/yyyy] |
| <input type="checkbox"/> 61) Oxalosis * | ____/____/____ [mm/dd/yyyy] |
| <input type="checkbox"/> 53) Polycystic kidney disease (Autosomal recessive) * | ____/____/____ [mm/dd/yyyy] |
| <input type="checkbox"/> 51) Aplastic/hypoplastic/dysplastic kidneys * | ____/____/____ [mm/dd/yyyy] |
| <input type="checkbox"/> 62) Congenital Urologic Disease (Bilateral Hydronephrosis) * | ____/____/____ [mm/dd/yyyy] |
| <input type="checkbox"/> 50) Obstructive uropathy (Posterior urethral valve (PUV))* | ____/____/____ [mm/dd/yyyy] |
| <input type="checkbox"/> 64) Perinatal Asphyxia * | ____/____/____ [mm/dd/yyyy] |
| <input type="checkbox"/> 60) Polycystic kidney disease (Autosomal dominant) * | ____/____/____ [mm/dd/yyyy] |
| <input type="checkbox"/> 55) Pyelonephritis/Interstitial nephritis | ____/____/____ [mm/dd/yyyy] |
| <input type="checkbox"/> 52) Reflux nephropathy * | ____/____/____ [mm/dd/yyyy] |
| <input type="checkbox"/> 56) Renal infarct | ____/____/____ [mm/dd/yyyy] |
| <input type="checkbox"/> 58) Syndrome of agenesis of abdominal musculature
(Eagle Barrett, prune belly syndrome) * | ____/____/____ [mm/dd/yyyy] |
| <input type="checkbox"/> 63) Vactrel or Vater Syndrome * | ____/____/____ [mm/dd/yyyy] |
| <input type="checkbox"/> 59) Wilms' tumor | ____/____/____ [mm/dd/yyyy] |
| <input type="checkbox"/> 80) Non-Glomerular Other: _____ | ____/____/____ [mm/dd/yyyy] |

Skip to question #10 on page 2

INFORMED CONSENT

- 24a. Has consent form been signed by parent or legal guardian? 1) Yes 2) No
- 24b. Date parent or legal guardian signed consent form: [mm/dd/yyyy] ___/___/____
- 25a. Is documented assent required at your institution for this child? (If No or Not Applicable, skip to Question 26.) 1) Yes 2) No NA
- 25b. Date of child assent: [mm/dd/yyyy] ___/___/____
26. Has consent to collect and store sample for genetic testing been obtained? 1) Yes 2) No
27. Has consent to collect and store biological specimen(s) been obtained? 1) Yes 2) No
28. Has consent to participate in iohexol GFR test been obtained? 1) Yes 2) No
29. Has consent to data linking been obtained? 1) Yes 2) No

- If all Yes/No responses are in non-shaded areas, then child is eligible for CKiD.
- If Consent is NOT given, then complete the REFUSAL FORM.
- Create CKiD study identification number "KID" and email ELIGIBILITY FORM to the CCC to be entered into "Nephron" web-based data management system.



Eligible Serum Creatinine (SCr) Ranges by Height (inches) for children 2 years old and older

The table* below shows the ranges of SCr that correspond to an eGFR $\leq 90 \text{ ml/min/1.73m}^2$ for children of different heights who are ≥ 2 years old.

Height		SCr	Height		SCr	Height		SCr	Height		SCr
(cm)	(in)	(mg/dL)	(cm)	(in)	(mg/dL)	(cm)	(in)	(mg/dL)	(cm)	(in)	(mg/dL)
50	19.7	≥ 0.23	85	33.5	≥ 0.39	120	47.2	≥ 0.55	155	61.0	≥ 0.71
51	20.1	≥ 0.23	86	33.9	≥ 0.39	121	47.6	≥ 0.56	156	61.4	≥ 0.72
52	20.5	≥ 0.24	87	34.3	≥ 0.40	122	48.0	≥ 0.56	157	61.8	≥ 0.72
53	20.9	≥ 0.24	88	34.6	≥ 0.40	123	48.4	≥ 0.56	158	62.2	≥ 0.73
54	21.3	≥ 0.25	89	35.0	≥ 0.41	124	48.8	≥ 0.57	159	62.6	≥ 0.73
55	21.7	≥ 0.25	90	35.4	≥ 0.41	125	49.2	≥ 0.57	160	63.0	≥ 0.73
56	22.0	≥ 0.26	91	35.8	≥ 0.42	126	49.6	≥ 0.58	161	63.4	≥ 0.74
57	22.4	≥ 0.26	92	36.2	≥ 0.42	127	50.0	≥ 0.58	162	63.8	≥ 0.74
58	22.8	≥ 0.27	93	36.6	≥ 0.43	128	50.4	≥ 0.59	163	64.2	≥ 0.75
59	23.2	≥ 0.27	94	37.0	≥ 0.43	129	50.8	≥ 0.59	164	64.6	≥ 0.75
60	23.6	≥ 0.28	95	37.4	≥ 0.44	130	51.2	≥ 0.60	165	65.0	≥ 0.76
61	24.0	≥ 0.28	96	37.8	≥ 0.44	131	51.6	≥ 0.60	166	65.4	≥ 0.76
62	24.4	≥ 0.28	97	38.2	≥ 0.45	132	52.0	≥ 0.61	167	65.7	≥ 0.77
63	24.8	≥ 0.29	98	38.6	≥ 0.45	133	52.4	≥ 0.61	168	66.1	≥ 0.77
64	25.2	≥ 0.29	99	39.0	≥ 0.45	134	52.8	≥ 0.61	169	66.5	≥ 0.78
65	25.6	≥ 0.30	100	39.4	≥ 0.46	135	53.1	≥ 0.62	170	66.9	≥ 0.78
66	26.0	≥ 0.30	101	39.8	≥ 0.46	136	53.5	≥ 0.62	171	67.3	≥ 0.78
67	26.4	≥ 0.31	102	40.2	≥ 0.47	137	53.9	≥ 0.63	172	67.7	≥ 0.79
68	26.8	≥ 0.31	103	40.6	≥ 0.47	138	54.3	≥ 0.63	173	68.1	≥ 0.79
69	27.2	≥ 0.32	104	40.9	≥ 0.48	139	54.7	≥ 0.64	174	68.5	≥ 0.80
70	27.6	≥ 0.32	105	41.3	≥ 0.48	140	55.1	≥ 0.64	175	68.9	≥ 0.80
71	28.0	≥ 0.33	106	41.7	≥ 0.49	141	55.5	≥ 0.65	176	69.3	≥ 0.81
72	28.3	≥ 0.33	107	42.1	≥ 0.49	142	55.9	≥ 0.65	177	69.7	≥ 0.81
73	28.7	≥ 0.33	108	42.5	≥ 0.50	143	56.3	≥ 0.66	178	70.1	≥ 0.82
74	29.1	≥ 0.34	109	42.9	≥ 0.50	144	56.7	≥ 0.66	179	70.5	≥ 0.82
75	29.5	≥ 0.34	110	43.3	≥ 0.50	145	57.1	≥ 0.67	180	70.9	≥ 0.83
76	29.9	≥ 0.35	111	43.7	≥ 0.51	146	57.5	≥ 0.67	181	71.3	≥ 0.83
77	30.3	≥ 0.35	112	44.1	≥ 0.51	147	57.9	≥ 0.67	182	71.7	≥ 0.84
78	30.7	≥ 0.36	113	44.5	≥ 0.52	148	58.3	≥ 0.68	183	72.0	≥ 0.84
79	31.1	≥ 0.36	114	44.9	≥ 0.52	149	58.7	≥ 0.68	184	72.4	≥ 0.84
80	31.5	≥ 0.37	115	45.3	≥ 0.53	150	59.1	≥ 0.69	185	72.8	≥ 0.85
81	31.9	≥ 0.37	116	45.7	≥ 0.53	151	59.4	≥ 0.69	186	73.2	≥ 0.85
82	32.3	≥ 0.38	117	46.1	≥ 0.54	152	59.8	≥ 0.70	187	73.6	≥ 0.86
83	32.7	≥ 0.38	118	46.5	≥ 0.54	153	60.2	≥ 0.70	188	74.0	≥ 0.86
84	33.1	≥ 0.39	119	46.9	≥ 0.55	154	60.6	≥ 0.71	189	74.4	≥ 0.87

*In the table, the SCr measurements are based on the updated Schwartz formula to estimate GFR in children with CKD. [Schwartz, Muñoz, Schneider et al. Journal of the American Society of Nephrology, 2009]