

# DATA LINKAGE FORM (DL)

## CKiD Chronic Kidney Disease in Children Cohort Study

### SECTION A: GENERAL INFORMATION

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

|\_| - |\_|\_| - |\_|\_|\_|

A2. FORM VERSION:   1     2   /   0     1   /   1     7  

A3. DATE FORM COMPLETED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M M D D Y Y Y Y

A4. FORM COMPLETED BY (INITIALS): \_\_\_\_\_

### SECTION B: DATA LINKAGE INFORMATION

B1. Did participant/family consent to providing Personal Health Identifiers (PHI) for future linkage?

Yes..... 1  
No..... 2 (END)

B2. Date Consent was signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
[mm/dd/yyyy]

It is preferable to **obtain consent to provide full social security number (SSN), name, date of birth (DOB) and gender** for future linkage. *If participant/family consented to SSN or name and DOB, please indicate "yes" for SSN and "no" for the other category.*

B3. Which of the following Personal Health Identifiers did the participant/family consent to provide for linkage? (Circle "Yes", "No", or "Don't Know" for EACH of the following.)

	Yes	No	Don't Know
Full Social Security Number (SSN)	1	2	-8
Last four digits of SSN.....	1	2	-8
Full Name.....	1	2	-8
Date of Birth.....	1	2	-8
Gender.....	1	2	-8
Provincial Health ID.....	1	2	-8

(Canadian sites only)

Please collect and document Personal Health Identifiers that the participant/family consented to provide, and store in a safe location that fits your local IRB requirements.

### END FORM

#### For CCC Completion ONLY:

C1. Were Personal Health Identifiers (PHI) sent to the Honest Broker (Department of Biomedical and Health Informatics (DBHi))?

Yes..... 1 (END)  
No..... 2

C2. Please select the reason(s) why the participant's PHI were not sent to the Honest Broker.

Participant/family refused..... 1 (END)

Other..... 2

i. Specify \_\_\_\_\_ (END)