If site identifies an eligible subject whose family has verbally agreed to be in the study, but written consent/assent has not been obtained, complete ONLY KID#, participant's initials, screening date, coordinator's initials and participant's sex. Then, email form to respective CCC. Once written consent/assent is obtained, complete the entire form, email form to CCC and keep copy of completed form.

KID#: 4 - ___ ___ - ___ ___ ___
Participant Initials: _____ _____
Screening Date: __ __/__ __/__ __

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

Coordinator Initials ___ ___ ___ Form Version: 01 / 15 / 2026

1. Screening Date: ___ ___ /___ ___ /___ ___ ___ ___ [mm/dd/yyyy]
2. Date of Birth: ___ ___ /___ ___ / ___ ___ ___ ___ [mm/dd/yyyy]
3. Sex assigned at birth: ☐ 1) Male ☐ 2) Female

INCLUSION CRITERIA for KRT SUBJECTS

4. Most recent Kidney Replacement Therapy status: ☐ 1) Transplant **(END)** ☐ 2) Dialysis ☐ NA (**skip to 5**)

Enrollment of transplant patients has ENDED. DO NOT enroll or complete this form for transplant patients.

b. Date Chronic* Dialysis started: ___ ___ /___ ___ /___ ___ ___ ___ [mm/dd/yyyy] **(skip to 8a)**

**For hemodialysis, indicate the date when the participant started treatments 2 or more days/week for at least 3 months.*
For peritoneal dialysis (PD), indicate the date when the participant started treatments 5 or more days a week for at least 3 months.

INCLUSION CRITERIA for CKD SUBJECTS who are NOT currently on dialysis or have not received a kidney transplant (KRT naïve)

5. Most Recent eGFR calculation **(Within last 6 months)**

Most Recent Height

a. Date: ___ ___ /___ ___ /___ ___ ___ ___ [mm/dd/yyyy] *(Date must be within the last **6 months OR** closest to **most recent** Serum Creatinine measurement date)*

b. Height Measurement: ___ ___ ___ ☐ **1=in** ☐ **2=cm** *(round height to the nearest inch or centimeter)*

Most Recent Serum Creatinine

c. Date: ___ ___ /___ ___ /___ ___ ___ ___ [mm/dd/yyyy] *(Date must be within the last 6 months)*

d. Serum Creatinine Measurement: ___ . ___ ___ [mg/dl]

e. eGFR (creatinine-based on U25calculator): ____ ____ . ___ ml/min|1.73m2 *See page 4 for instructions*

6. Second eGFR calculation **(Within the last 18 months)**

Second Height

a. Date: ___ ___ /___ ___ /___ ___ ___ ___ [mm/dd/yyyy] *(Date must be within the last **18 months OR** closest to **second** Serum Creatinine measurement date)*

b. Height Measurement: ___ ___ ___ ☐ **1=in** ☐ **2=cm** *(round height to the nearest inch or centimeter)*

Second Serum Creatinine

c. Date: ___ ___ /___ ___ /___ ___ ___ ___ [mm/dd/yyyy] *(Date must be within the last 18 months)*

d. Serum Creatinine Measurement: ___ . ___ ___ [mg/dl]

e. eGFR (creatinine-based on U25calculator): ____ ____ . ___ ml/min|1.73m2 *See page 4 for instructions*

7. Do the eGFR measurements from 5e and 6e (for KRT naïve subjects) fall below 60 ml/min|1.73m^2? ☐ 1) Yes ☐ 2) No

INCLUSION CRITERIA for ALL Subjects

8a. Age (in years) as of **screening date*** is ___ ___. 8b. Is this between **≥16 and <23**? ☐ 1) Yes ☐ 2) No
**Refer to the date in Question 1.*

9. Is the subject regularly seen by a pediatric nephrologist? ☐ 1) Yes ☐ 2) No

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KID#: 4 - ___ ___ - ___ ___ ___
Participant Initials: _____ _____
Screening Date: __ __/__ __/__ __

EXCLUSION CRITERIA

10. Does the parent or subject have plans to move out of the area within the next 3 months? (i.e., to an area that makes this clinic no longer a convenient site for study participation) ☐ 1) Yes ☐ 2) No
11. Has the subject ever received a solid organ (other than kidney), bone marrow, or stem cell transplant? ☐ 1) Yes ☐ 2) No
12. In the last 12 months, did the subject have a cancer diagnosis, treatment, or completion of treatment? ☐ 1) Yes ☐ 2) No
13. In the last 12 months, did the subject have a HIV diagnosis or treatment? ☐ 1) Yes ☐ 2) No
14. Does the subject have an existing moderate to severe congenital structural heart disease? ☐ 1) Yes ☐ 2) No
15. Does the subject have any genetic syndromes involving the central nervous system (e.g., Down syndrome)? ☐ 1) Yes ☐ 2) No
16. Does the subject have a history of severe or profound intellectual disability (i.e., IQ <40, significant impairment in adaptive function and/or ability to independently execute self-care skills)? ☐ 1) Yes ☐ 2) No
17. For female individuals, are they pregnant or have they been pregnant within the past year? *(For male individuals, "NA" should be checked.)* ☐ 1) Yes ☐ 2) No ☐ NA
18. Is the subject currently enrolled in a randomized clinical trial in which the specific treatment the subject is receiving is unknown? *(If yes, contact your Clinical Coordinating Center.)* ☐ 1) Yes ☐ 2) No
19. Has the subject ever had an allergic reaction to Iodine or Iohexol? *(If yes, contact your Clinical Coordinating Center for further clarification and instruction.)* ☐ 1) Yes ☐ 2) No
20. Is the subject fluent in English or Spanish? ☐ 1) Yes ☐ 2) No

21. Which language does the subject speak most frequently? ☐ 1) English ☐ 2) Spanish ☐ 3) Both
22. Which language does the parent speak most frequently? ☐ 1) English ☐ 2) Spanish ☐ 3) Both

INFORMED CONSENT

23a. Has the consent form been signed? ☐ 1) Yes ☐ 2) No
23b. Date signed consent form: [mm/dd/yyyy] ___ ___ /___ ___ /___ ___ ___ ___
24a. Was documented assent required for this subject? *(If No or Not Applicable, skip to Question 25.)* ☐ 1) Yes ☐ 2) No ☐ NA
24b. Date of subject assent: [mm/dd/yyyy] ___ ___ /___ ___ /___ ___ ___ ___
25. Has consent to collect and store sample for NIDDK genetic testing been obtained? ☐ 1) Yes ☐ 2) No
26. Has consent to collect and store NIDDK biological specimen(s) been obtained? ☐ 1) Yes ☐ 2) No
27. Has consent for data linking been obtained? ☐ 1) Yes ☐ 2) No

- *If all Yes/No responses are in non-shaded areas, then subject is eligible for CKiD.*
- ***If individual declines to participate (i.e., written or verbal Consent is NOT obtained), then complete the REFUSAL FORM.***
- ***If only verbal consent is obtained, then partially complete EL form and email partially completed EL form to CCC.***
  - ***create CKiD study identification number "KID" and write KID below***
  - ***document participant's initials***
  - ***document screening date***
  - ***document coordinator's initials***
  - ***document participant's sex***
- *If written consent is obtained, create KID and **email** the completed EL to the CCC to be entered into data management system.*
  - ***Write the KID number in the space below and complete question 28.***

KID = 4 - ___ ___ - ___ ___ ___
Cohort Number; Clinical Site Number; Consecutive Number

If site identifies an eligible subject whose family has verbally agreed to be in the study, but written consent/assent has not been obtained, complete ONLY KID#, participant's initials, screening date, coordinator's initials and participant's sex. Then, email form to respective CCC. Once written consent/assent is obtained, complete the entire form, email form to CCC and keep copy of completed form.

KID#: 4 - ___ ___ - ___ ___ ___
Participant Initials: _____ _____
Screening Date:__ __/__ __/__ __

28. **Primary diagnosis** of Chronic Kidney Disease **(please check one)**:

Glomerular CKD diagnosis

- ☐ 15) Chronic glomerulonephritis
- ☐ 20) Congenital nephrotic syndrome
- ☐ 23) Denys-Drash syndrome
- ☐ 24) Diabetic nephropathy
- ☐ 12) Familial nephritis (Alport's)
- ☐ 10) Focal segmental glomerulosclerosis
- ☐ 11) Hemolytic uremic syndrome
- ☐ 19) Henoch Schonlein nephritis
- ☐ 17) Idiopathic cresentic glomerulonephritis
- ☐ 13) IgA Nephropathy (Berger's)
- ☐ 16) Membranoproliferative glomerulonephritis Type I
- ☐ 21) Membranoproliferative glomerulonephritis Type II
- ☐ 18) Membranous nephropathy
- ☐ 22) Sickle cell nephropathy
- ☐ 14) Systemic immunological disease (including SLE)
- ☐ 40) Glomerular Other: _____

Non-Glomerular CKD diagnosis

- ☐ 51) Aplastic/hypoplastic/dysplastic kidneys
- ☐ 65) Branchio-oto-Renal Disease/Syndrome
- ☐ 62) Congenital Urologic Disease (Bilateral Hydronephrosis)
- ☐ 54) Cystinosis
- ☐ 57) Medullary cystic disease/juvenile nephronophthisis
- ☐ 66) Methylmalonic Acidemia
- ☐ 50) Obstructive uropathy
- ☐ 61) Oxalosis
- ☐ 64) Perinatal Asphyxia
- ☐ 60) Polycystic kidney disease (Autosomal dominant)
- ☐ 53) Polycystic kidney disease (Autosomal recessive)
- ☐ 67) Posterior Urethral Valves
- ☐ 55) Pyelonephritis/Interstitial nephritis
- ☐ 52) Reflux nephropathy
- ☐ 56) Renal infarct
- ☐ 58) Syndrome of agenesis of abdominal musculature
- ☐ 63) Vactrel or Vater Syndrome
- ☐ 59) Wilms' tumor
- ☐ 80) Non-Glomerular Other: _____

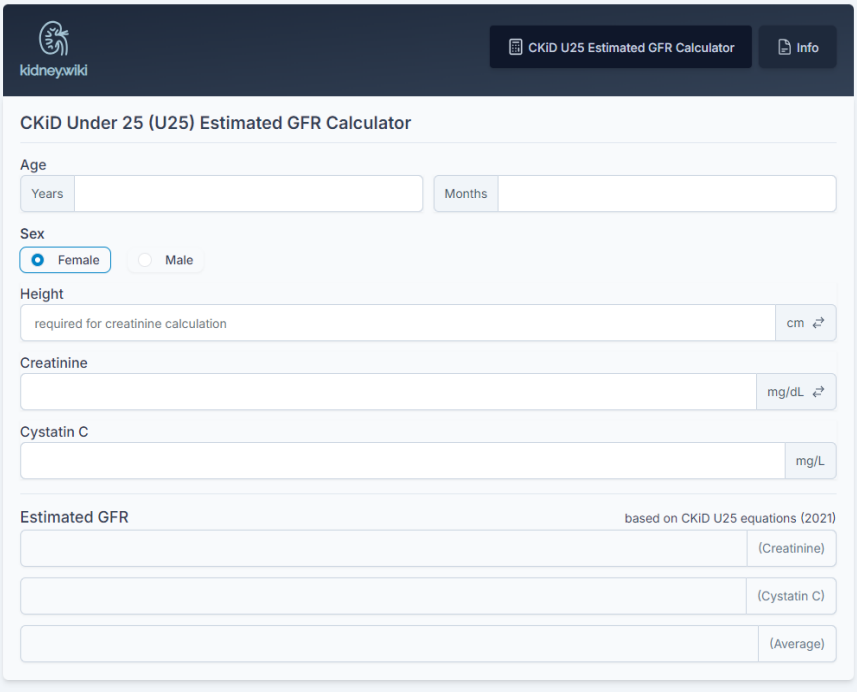
Eligible eGFR measurement based on U25eGFR Calculator

For eligibility, individuals must be ≥16 to <23 years old with an eGFR <60 ml/min|1.73m^2. Use the U25eGFR calculator to calculate estimated GFR measurements based on the individual's SCr and height measurements.

Do not enter cystatin C results.

The calculator derived from Pierce CB, Munoz A, Ng DK, et al.. Kidney Int 2021 Apr;99(4):948-956. PMID: 33301749

To access **U25eGFR calculator,** go to https://kidney.wiki/gfr-calculator/
Enter age, sex, height (in cm), and serum creatinine (in mg/dL).



U25eGFR calculator is also accessible from the CKiD website's Investigator Resources webpage.
Go to https://statepi.jhsph.edu/ckid/investigator-resources/
Click on "Learn More about Calculators"
Then under CKiD Under 25 (U25) GFR estimating equations click on "Go to Calculator on kidney.wiki"

Below is an example of an 18 year old female who is 170 cm in height with creatinine measurement of 1.2.