

VASCULAR TESTING ALERT FORM  
FORM L23

Chronic Kidney Disease in Children (CKiD)  
SECTION A: GENERAL INFORMATION

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

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

A2. Protocol type: Regular Study Visit..... 0  
Post-Dialysis Visit..... 1  
Post-Transplant Visit..... 2

A3. CKiD VISIT #: \_\_\_\_\_

A4. FORM VERSION: 0 4 / 0 1 / 1 8

A5. Technician Initials: \_\_\_\_\_

SECTION B

B1. DATE OF VASCULAR TEST:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
M M D D Y Y Y Y

B2. WERE ANY ALERTS FOUND?

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

B3. Type of Alert: Abnormal BP, very high (>160/100)..... 1 (END)  
Abnormal BP, very low (<80/50)..... 2 (END)  
Abnormal Heart Rate ..... 3

B3a. Indicate the type of **Abnormal Heart Rate**:

Very fast..... 1  
Very slow..... 2  
Very irregular HR..... 3  
Abnormal beats (arrhythmia) – any very unusual  
ECG tracing..... 4  
Any study that makes you feel 'uncomfortable'... 5