PARTICIPANT CLOSE-OUT (PCO)

CKiD Chronic Kidney Disease in Children Cohort Study

SECTION A: GENERAL INFORMATION

A	A1. PARTICIPANT ID: ENTER NUMBER ONLY IF LABEL IS NOT AVAILABLE	
		- -
A	A2. CKID VISIT NUMBER:	
A	A3. FORM VERSION:	0 1 / 0 1 / 0 5
A	44. DATE FORM COMPLETED:	$\frac{1}{M} \frac{1}{M} \frac{1}{D} \frac{1}{D} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y}$
A	A5. FORM COMPLETED BY (INTIALS):	
Principal Investigator Comments (Optional):		
SECTION B: SIGNATURES: Please complete the following section at withdrawal (premature withdrawal or end of study).		
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.		
Orincipal Inves	stigator Signature	Date:////
	. Did the P.I. sign this form?	M M D D Y Y Y □ 1)Yes □ 2)No
а	. Did the F.I. sigh this form:	LI) Ies LZ) NO
Research Coc	ordinator Signature	Date://////
b	. Did the R.C. sign this form?	□ 1) Yes □ 2) No