

TRANSFER FORM (TRF)

Chronic Kidney Disease in Children (CKiD)

SECTION A: THIS SECTION IS TO BE COMPLETED BY THE CLINICAL SITE AT WHICH THE PARTICIPANT WAS ORIGINALLY ENROLLED

A1. PARTICIPANT ID: ENTER THE **ORIGINAL KID** IF LABEL IS NOT AVAILABLE

|_| - |_|_| - |_|_|_|

A2. FORM VERSION: 0 6 / 0 1 / 1 3

A3. DATE FORM COMPLETED: _____ / _____ / _____
M M D D Y Y Y Y

A4. FORM COMPLETED BY (INITIALS): _____

A5. Is the participant enrolled in PIP/Continued Follow-up Protocol? Yes..... 1 (Skip to A7)
No..... 2

A6. LAST CKiD VISIT NUMBER AT ORIGINAL SITE: _____

A7. DATE OF LAST CKiD VISIT AT ORIGINAL SITE OR LAST FOLLOW-UP SURVEY: _____ / _____ / _____
M M D D Y Y Y Y

SECTION B: TRANSFER INFORMATION

B1. TYPE OF TRANSFER

TO CLINICAL SITE **WITHIN** THE CCC OF WHICH YOU ARE AFFILIATED..... 1
TO THE OTHER CKiD CCC..... 2

B2. CLINICAL SITE'S NAME TO WHICH THE PARTICIPANT TRANSFERS

a. CLINICAL SITE NUMBER TO WHICH THE PARTICIPANT TRANSFERS _____

PROMPT: THE COMPLETE LIST OF CLINICAL SITES IS AVAILABLE ON NEPHRON AT <https://statepiaps.jhsph.edu/nephron/groups/aspproc/>.

SELECT 'REPORT MENU' THEN SELECT 'RECRUITMENT REPORT'.

SITE NUMBERS FOR MIDWEST CLINICAL SITES: "01" TO "49"

SITE NUMBERS FOR EAST COAST CLINICAL SITES: "50" TO "99"

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END FORM HERE AND SEND TO CCC PROJECT DIRECTOR.

**PROMPT: B3 MUST BE COMPLETED BY THE CCC DATA PERSONNEL.
(PLEASE REFER TO VISIT CONTROL SHEET REPORT IN NEPHRON.)**

B3. THE FOLLOWING INFORMATION IS NEEDED TO UPDATE THE PARTICIPANT'S RECORDS AT THE NEW CLINICAL SITE:

- a. Participant Date of Birth: _____ / _____ / _____
M M D D Y Y Y Y
- b. Preferred Language: SPANISH..... 1
 ENGLISH..... 2
- c. Participant enrolled in PIP/Continued Follow-up Protocol
 Yes..... 1 **(END Form)**
 No..... 2
- d. Sub-Study Enrollment:
- | | <u>Yes</u> | <u>No</u> | <u>Don't Know</u> |
|--------------------------|------------|-----------|-------------------|
| 1. Carotid IMT..... | 1 | 2 | -8 |
| 2. Neuroimaging..... | 1 | 2 | -8 |
| 3. Vascular Testing..... | 1 | 2 | -8 |
| 4. Cardiac MRI..... | 1 | 2 | -8 |

PROMPT: SEND THE COMPLETED FORM TO THE STUDY COORDINATOR AT THE NEW CLINICAL SITE, DATA COORDINATING CENTER (DCC) AND BOTH THE EAST COAST AND MIDWEST CCCs.