

Clinical Trial Tracking (CTT)

CKiD Chronic Kidney Disease in Children Cohort Study SECTION A: GENERAL INFORMATION

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

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A2. FORM VERSION: 0 2 / 0 1 / 2 4

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

A4. FORM COMPLETED BY (INITIALS)

This form should be completed for each interventional clinical trial (including RCTs) in which the CKiD participant has enrolled (both previous and current enrollment since CKiD enrollment).

B1a. Study Name: _____

b. Name of Clinical Trial Sponsor: _____

c. ClinicalTrials.gov number: _____

Unknown..... -8

Not Applicable..... -1

B2a. Type of Study

Interventional – drug..... 1 (skip to b)

Interventional – device..... 2 (skip to b)

Other..... 3

i. Specify: _____

b. Is treatment blinded?

Yes..... 1

No..... 2

c. What treatment is the participant receiving / did the participant receive?

B3a. Study Status

Active..... 1

Completed..... 2

Did not complete, no longer eligible..... 3

Did not complete, other reason..... 4

i. Specify reason: _____

b. Enrollment Year:

c. Completion Year (actual or anticipated):