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#, interviewer's initials and date of eGFR assessment, and 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#: <u>4</u>	
Participant Initials:	
Screening Date:	

CKiD Chronic Kidney Disease in Children Cohort Study

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ELIGIBILITY FORM (EL)	

ELIGIBILITY FORM (EL)				
Interviewer Initials	Form Version:	01 / 01 / 2 0 2 5		
1. Screening Date://	[mm/dd/yyyy]			
2. Date of Birth://	[mm/dd/yyyy]			
3. Sex assigned at birth: 1) Male 2)	Female			
INCLUSION CRI	TERIA for KRT SUBJECTS			
4. Most recent Kidney Replacement Therapy status:	1) Transplant 2) Dialysis ((skip to 4b) \square NA (skip to 5)		
a. Date of Most Recent Kidney Transplant:Indicate the date of the most recent kidney transplant.b. Date Chronic* Dialysis started:	/			
*For hemodialysis, indicate the date when the participant s For peritoneal dialysis (PD), indicate the date when the pa	rticipant started treatments 5 or more days			
<u></u>	ON CRITERIA for	mlant (VDT naïva)		
5. Most Recent eGFR calculation (Within last 6 mo Most Recent Height		<u>piant (KKT naive)</u>		
a. Date: / / / /	b. Height Measurement: (round height to the nearest inch or centimeter)			
c. Date:///	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 mo Second Height a. Date: / /	b. Height Measurement:			
c. Date://	d. Serum Creatinine Measurement: ml/min 1.73m2	[mg/dl] 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 *Refer to the date in Question 1.	8b. Is this between \ge 16 and <23?	1) Yes 2) No		
9. Is the subject regularly seen by a pediatric nephrologist?		1) Yes 2) No		

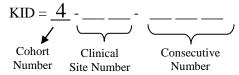
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KID#:	<u>4</u>	
Partici	pant Initials:	
Scr	reening Date:/	

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) Y	es 2) No
11.	Has the subject ever received a solid organ (other than kidney), bone marrow, or stem cell transplant?	1) Y	es 2) No
12.	In the last 12 months, did the subject have a cancer diagnosis, treatment, or completion of treatment?	1) Y	es 2) No
13.	In the last 12 months, did the subject have a HIV diagnosis or treatment?	1) Y	es 2) No
14.	Does the subject have an existing moderate to severe congenital structural heart disease?	1) Y	res 2) No
15.	Does the subject have any genetic syndromes involving the central nervous system (e.g., Down syndrome)?	1) Y	es 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) Y	res 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) Y	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) Y	res 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) Y	
20.	Is the subject fluent in English or Spanish?	1) Y	res 2) No
21.	Which language does the subject speak most frequently? ☐ 1) English ☐ 2) Sp	anish	□ 3) Both
22.	Which language does the parent speak most frequently? \Box 1) English \Box 2) Sp	anish	□ 3) Both
	INFORMED CONSENT		
23a.	Has the consent form been signed?	1) Y	es 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) Y	res 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) Y	res 2) No
26.	Has consent to collect and store NIDDK biological specimen(s) been obtained?	1) Y	es 2) No
27.	7. Has consent for data linking been obtained?		
•	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 R	EFUSAL	FORM.

- If only verbal consent is obtained, then partially complete EL form and email partially completed EL form to CCC.
 - o create CKiD study identification number "KID" and write KID below
 - o document participant's initials
 - o document date of screening
- If written consent is obtained, create KID and email the completed EL to the CCC to be entered into data management system.
 - O Write the KID number in the space below and complete question 28.



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KID#:	<u>4</u>
Partici	pant Initials:
Scr	reening Date:///

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

	Glomerular CKD diagnosis		Non-Glomerular CKD diagnosis
□ 15)	Chronic glomerulonephritis	□ 51)	Aplastic/hypoplastic/dysplastic kidneys
□ 20)	Congenital nephrotic syndrome	□ 65)	Branchio-oto-Renal Disease/Syndrome
□ 23)	Denys-Drash syndrome	□ 62)	Congenital Urologic Disease (Bilateral Hydronephrosis)
□ 24)	Diabetic nephropathy	□ 54)	Cystinosis
□ 12)	Familial nephritis (Alport's)	□ 57)	Medullary cystic disease/juvenile nephronophthisis
1 0)	Focal segmental glomerulosclerosis	□ 66)	Methylmalonic Acidemia
□ 11)	Hemolytic uremic syndrome	□ 50)	Obstructive uropathy
1 9)	Henoch Schonlein nephritis	□ 61)	Oxalosis
1 7)	Idiopathic cresentic glomerulonephritis	□ 64)	Perinatal Asphyxia
□ 13)	IgA Nephropathy (Berger's)	□ 60)	Polycystic kidney disease (Autosomal dominant)
□ 16)	Membranoproliferative glomerulonephritis Type I	□ 53)	Polycystic kidney disease (Autosomal recessive)
□ 21)	Membranoproliferative glomerulonephritis Type II	□ 55)	Pyelonephritis/Interstitial nephritis
□ 18)	Membranous nephropathy	□ 52)	Reflux nephropathy
□ 22)	Sickle cell nephropathy	□ 56)	Renal infarct
□ 14)	Systemic immunological disease (including SLE)	□ 58)	Syndrome of agenesis of abdominal musculature
40)	Glomerular Other:	□ 63)	Vactrel or Vater Syndrome
		□ 59)	Wilms' tumor
		1 80)	Non-Glomerular Other:

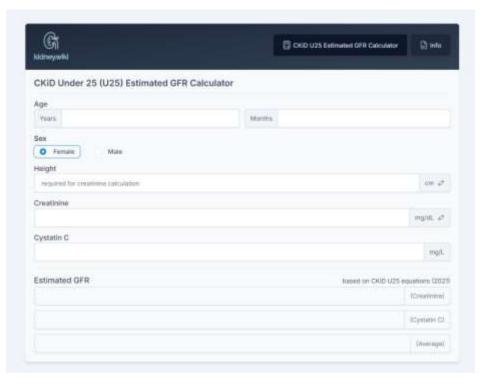
Eligible eGFR measurement based on U25eGFR Calculator

For eligibility, individuals must be ≥ 16 to < 23 years old with an eGFR < 60 ml/min|1.73m². 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).



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Scr	eening Date:_	 	

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.

