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

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

			- -					
A2.	Protocol type:		Regular Study Visit 0 Post-Transplant Visit 2					
A3.	CKiD VISIT #:							
A4.	FORM VERSIO	ON:	<u>0 4 / 0 1 / 1 8a</u>					
A5.	SPECIMEN CO	DLLECTION DATE:	$\frac{1}{M} \frac{1}{M} \frac{1}{D} \frac{1}{D} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y}$					
A6.	FORM COMPL	ETED BY (INITIALS):						
The	e following sam	ples should be collect	ed.					
<u>Sar</u>	Samples: Shipped to		Shipped:					
Ser	Serum CBL		IMMEDIATELY					
loh	exol Blood	CBL	IMMEDIATELY					



SECTION B: PREGNANCY TEST

B1. Is participant a female of child-bearing potential?

Yes..... 1 (See PROMPT Below)

PROMPT: QUESTION B2 IS FOR FEMALE PARTICIPANTS OF CHILD-BEARING POTENTIAL ONLY. URINE PREGNANCY TEST DATE MUST FALL WITHIN 72 HOURS BEFORE STUDY VISIT DATE.

B2 MUST BE COMPLETED BEFORE IOHEXOL TESTING IS INITIATED.

- B3. Indicate reason(s) for a Make-Up GFR visit: (Circle "Yes" or "No" for each):

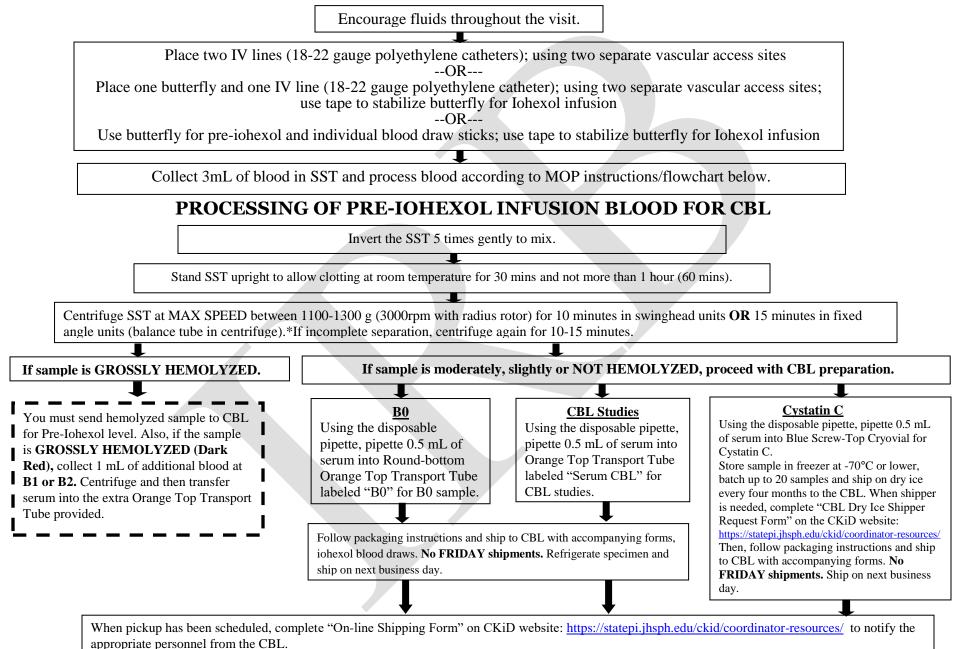
	Yes	No	
IV infiltration	1	2	
Inability to successfully draw all blood samples for lohexol	1	2	
Other reason	1	2 (Skip to C1)	
Specify:			(Skip to C1)

SECTION C: WEIGHT AND HEIGHT MEASUREMENTS

C1.		d Weight (If weight is measured in pounds (Ibs), please convert to kilograms (kg).) = (1/2.2) kg Example: 150 lbs = 150/2.2 = 68.18 = 68.2 kg
	a.	First Measurement: (kg)
	b.	Second Measurement: (kg)
		i. Do the first and second measurements differ by more than 0.2 Kg?
		Yes 1
		No 2 (Skip to C2)
		ii. Third Measurement:(kg)
C2.	Chile	d Length/Height
	a.	Device used to obtain length/height (Please circle the device used.)
		Measuring table with firm block and moveable footboard 1 Wall mounted stadiometer
	b.	First Measurement: (cm)
	C.	Second Measurement: (cm)
		i. Do the first and second measurements differ by more than 0.3 cm? Yes 1
		Yes 1 No 2 (Skip to C3)
		ii. Third Measurement: (cm)

	(i) Pre-Infusion Vitals:									
C3a.	Pre- infusion blood pressure:	1								
b.	Pre-infusion temperature:	··								
		1 = ^o C Typical range: 36.1 – 38.3 2 = ^o F Typical range: 94.5 – 100.6								
C.	Pre-infusion number of heart beats per minute:									
d.	Pre-infusion respirations per minute:									

SECTION D: PRE-IOHEXOL INFUSION BLOOD DRAW



D1. ACTUAL TIME OF PRE-IOHEXOL INFUSION BLOOD DRAW

_ 1 = AM 2 = PM

PROMPT: IF SUSPECTED BLOOD DRAW ADVERSE EVENT (i.e., infection), complete ADVERSE EVENT (ADVR) Form

2 = D		lot required Difficult Blood Draw		5 = Inadvertent	Cell Contamination 7 = Exceed maximum allowable volume ly Destroyed				
	Sample Type (Required Volume):	Participant Refused (a) Sample Obtained: Yes No		6 = Oversight (b) If No, specify reason *SEE CODE LIST ABOVE	(c) Additional Requirements:				
D2. Renal Chemistries (2.0 mL in Tiger Top SST)		1 (skip to c→)	2	(skip to C3)	Indicate the appearance of the serum after centrifuging. Grossly (Dark Red)				
D3.	Cystatin C (1.0 mL in Tiger Top SST)	1 (skip to c→)	2	(skip to E1)	Date Frozen: $ \frac{1}{M} = \frac{1}{M} =$				
Sitos	Sites can obtain results for lab values that have been identified as "KEY VARIABLES". To obtain results, go the CKiD Nenhron Website:								

https://statepiaps8.jhsph.edu/nephron/groups/aspproc/, click on "Report Menu" and choose the appropriate lab report (i.e., Selected Renal Panel Lab Variables Report.)

SECTION E: INFUSION SYRINGE WEIGHT

E1. SCALE MUST FIRST BE ZEROED BEFORE WEIGHING. REMOVE ALUMINUM FOIL PRIOR TO WEIGHING THE SYRINGE. THE <u>SAME</u> SCALE MUST BE USED TO WEIGH THE SYRINGE <u>PRE AND POST</u> IOHEXOL INFUSION.

(g)

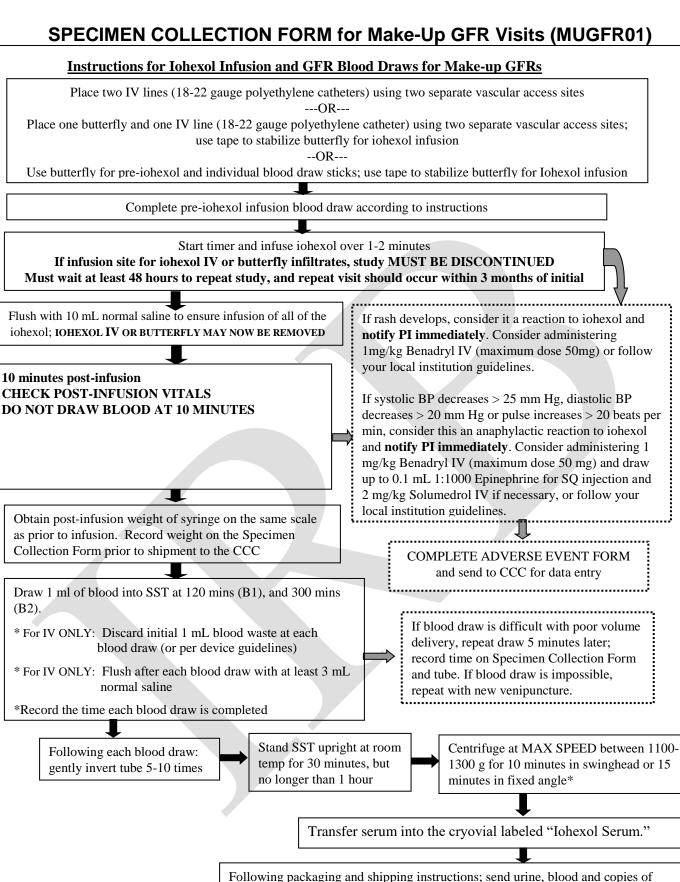
- a. Syringe Weight Pre-Iohexol Infusion: ____. (g)
- b. Syringe Weight Post-Iohexol Infusion: _____.

(Post-Infusion Weight should be **at least 6.0g** less than Pre-Infusion Weight. If Post-Infusion Weight is not at least 6g less, please confirm.)

PRE AND POST SYRINGE WEIGHT MUST BE OBTAINED IN ORDER TO CALCULATE PARTICIPANT'S GFR.

SECTION F: IOHEXOL – Refer to Instructions for Iohexol Infusion and GFR Blood Draws Flow Chart on Page 6

- BEFORE INFUSING 5 mL OF IOHEXOL, SET TIMER = 0. SIMULTANEOUSLY START TIMER AND BEGIN IOHEXOL INFUSION
- > COMPLETE INFUSION BETWEEN 1 TO 2 MINS
- > LEAVE TIMER RUNNING THROUGHOUT IOHEXOL INFUSION AND SUBSEQUENT BLOOD DRAWS

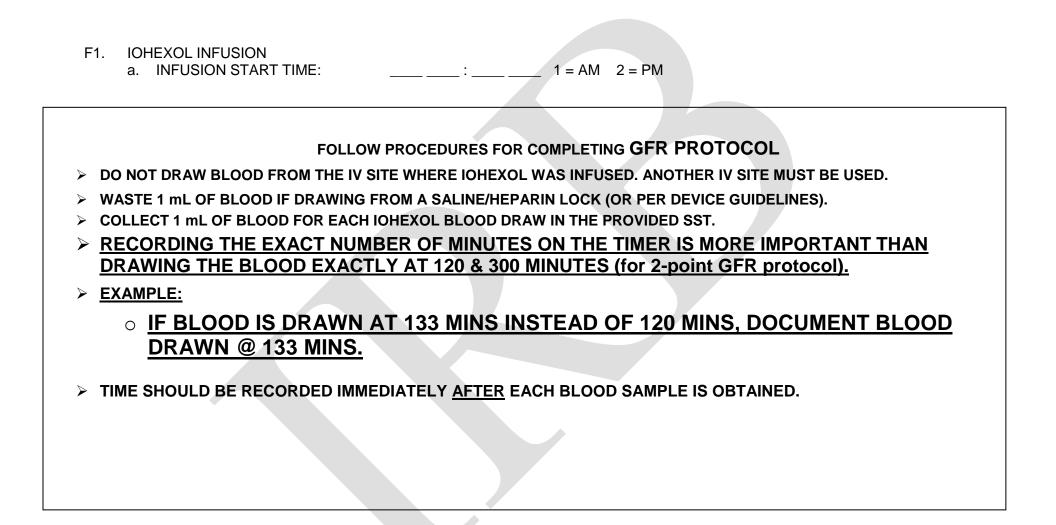


Physician should be immediately available (in person or by phone) during Iohexol Infusion Encourage fluids throughout the visit.

completed shipping form(s) & confirmation of written consent to CBL

*1100-1300 g = 3000 rpm with 10 cm radius rotor





POST VITALS SHOULD BE TAKEN 10 MINUTES AFTER INFUSION USING LOCAL BLOOD PRESSURE MEASUREMENT (i.e. DINAMAP)

- If rash develops after lohexol Infusion, consider it a reaction to lohexol and notify PI immediately. Consider administration of 1 mg/kg Benadryl IV (maximum dose: 50 mg Benadryl IV) or follow your local institution guidelines.
- In the rare event that systolic BP decreases more than 25 mm Hg, diastolic BP decreases more than 20 mmHg, or pulse increases more than 20 beats per min, notify PI immediately to evaluate reaction and complete the Adverse Event (ADVR) Form. Consider the possibility of an anaphylactic reaction to lohexol. Consider administration of 1 mg/kg Benadryl IV (maximum dose: 50 mg Benadryl IV). Draw up to 0.1 mL 1:1000 Epinephrine for SQ injection and 2 mg/kg Solumedrol IV for administration as ordered by physician or follow your local institution guidelines.

	(i) Post Vitals:	
F2a.	Post- infusion blood pressure:	//
b.	Post-infusion temperature:	1 = °C Typical range: 36.1 – 38.3 2 = °F Typical range: 94.5 – 100.6
C.	Post-infusion number of heart beats per minute:	
d.	Post-infusion respirations per minute:	

INVERT TUBE 5-10 TIMES AFTER EACH BLOOD DRAW LET SST TUBE STAND 30 MINUTES (BUT NO LONGER THAN 1 HOUR) CENTRIFUGE AT MAX SPEED BETWEEN 1100-1300g (3000rpm with 10cm radius rotor) for 10 MINUTES IN SWING HEAD OR 15 MINUTES IN FIXED ANGLE (BALANCE TUBES IN CENTRIFUGE)

	ALL TIMES should be documented from the initial infusion time	(i) ACTUAL HOURS/ MINUTES on TIMER	(ii) ONLY if Timer malfunctions, record Clock Time using the same clock used for F1a	(iii) Difficult Blood Draw: Yes No	(iv) Blood Drawn via Venipuncture Yes No	(v) Blood Volume Collected (1 mL):	(vi) Centrifuged at Clinical Site: Yes No
F3a.	B1 2 hrs (120 min):	hr mins	: 1 = AM 2 = PM	1 (Skip to b) 2	1 2	mL	1 (Skip to F4a) 2 (Skip to F4a)
b.	B1 2 nd attempt – 2 hrs (120 min)::	hr mins	: 1 = AM 2 = PM	1 2	1 2	mL	1 2

F4a.	B2 5 hrs (300 min):	hr	mins	:	1 = AM 2 = PM	1 (Skip to b) 2	2	1	2	mL	1 (end form)	2 (END FORM)
b.	B2 2 nd attempt – 5 hrs (300 min):	hr	mins	::	1 = AM 2 = PM	1 2	2	1	2	mL	1	2