Comprehensive Sickle Cell Centers	Acute Renal Failure	Renal/Genitourinary CRF Page 1 of 5
Protocol # 2 Collaborative Data Project	Form Completed by REN1:COMPINT	CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}

How many times has this subject had acute renal failure during the report period? REN1:EPISODE

Date of event: REN2:EVENTDA / REN2:EVENTMO / REN2:EVENTYR
DD **MMM** **YYYY**

Delete Event

Baseline creatinine: REN2:BCREAT mg/dL **or** ☐ (REN2:CREATND) Not Done

Highest creatinine: REN2:HCREAT mg/dL

Was dialysis required? ☐ (REN2:DIALYN)Yes ☐ (REN2:DIALYN)No

If yes, start date: REN2:STARTDA / REN2:STARTMO / REN2:STARTYR
DD **MMM** **YYYY**

If yes, stop date: REN2:STOPDA / REN2:STOPMO / REN2:STOPYR **or** ☐ (REN2:ONGO) Ongoing
DD **MMM** **YYYY**

If yes, type(s): ☐ (REN2:HEMO)Hemodialysis ☐ (REN2:PERI)Peritoneal dialysis
(check all that apply)

Was renal or ureteral obstruction present on imaging? ☐ (REN2:RENQ1) Yes ☐ (REN2:RENQ1) No

Does this subject have a history of recurrent urinary tract or kidney infection? ☐ (REN2:RENQ2) Yes ☐ (REN2:RENQ2) No

Does this subject have a history of kidney stones? ☐ (REN2:RENQ3) Yes ☐ (REN2:RENQ3) No

Add Event

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