

Comprehensive Sickle Cell Centers	Chronic Renal Insufficiency	Renal/Genitourinary CRF Page 2 of 5
Protocol # 2 Collaborative Data Project	Form Completed by <input type="text" value="REN3:COMPINT"/>	CSCC ID: <input type="text" value="{subject.name}"/> Center Code: <input type="text" value="{center.name}"/> Hospital Code: <input type="text" value="{center.hospital.name}"/>

What was the highest creatinine recorded in the last 6 months? mg/dL

Date recorded: / / (dd/mmm/yyyy)

Date of last creatinine < 1.0 mg/dL: / / (dd/mmm/yyyy) OR (REN3:UNKDT) Unknown

What was the lowest GFR recorded in the last 6 months? mL/min/1.73m² OR (REN3:GFRND) Not done

Date recorded: / / (dd/mmm/yyyy)

Method (REN3:METHOD) DTPA (REN3:METHOD) Calculation from Schwartz equation
 (REN3:METHOD) GLOFIL (REN3:METHOD) Other, specify:

Was dialysis initiated during this interval? (REN3:DIAL1YN) Yes (REN3:DIAL1YN) No

Was dialysis stopped during this interval? (REN3:DIAL2YN) Yes (REN3:DIAL2YN) No

If yes, type(s) (REN3:HEMO) Hemodialysis (REN3:PERI) Peritoneal dialysis
(check all that apply)

Renal transplant during this interval? (REN3:TRANYN) Yes (REN3:TRANYN) No

Did the chronic renal failure result in death during this interval? (REN3:DEATH) Yes (REN3:DEATH) No