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

What was the highest creatinine recorded in the last 6 months? REN3:HCREAT mg/dL		
Date recorded: REN3:HIGHDA / REN3:HIGHMO / REN3:HIGHYR (dd/mmm/yyyy)		
Date of last creatinine < 1.0 mg/dL: REN3:LASTDA /REN3:LASTMO / (dd/mmm/yyyy) OR (REN3:UNKDT) Unknown		
What was the lowest GFR recorded in the last 6 months? REN3:GFR mL/min/1.73m² OR (REN3:GFRND) Not done		
Date recorded: REN3:GRFDA / REN3:GRFMO / REN3:GRFYR (dd/mmm/yyyy)		
Method ☐ (REN3:METHOD) DTPA ☐ (REN3:METHOD) Calculation from Schwartz equation		
☐ (REN3:METHOD) GLOFIL ☐ (REN3:METHOD) Other, specify: REN3:OTHSP		
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		

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