



# Renal Form

Subject ID Label

DATE FORM COMPLETED: |\_|\_|-|\_|\_|-|\_|\_|\_|\_|

This form should be completed if YES to either Q35 (chronic kidney disease) or Q36 (end stage renal disease) on the enrollment Medical Record Abstraction Form.

	<b>1. Albuminuria</b>	<b>2. Proteinuria</b>
<b>a. When did it start?</b>	_ _ - _ _ - _ _ _ _  <b>OR</b> <input type="checkbox"/> Less than 1 year ago <input type="checkbox"/> Between 1 and 2 years ago <input type="checkbox"/> More than 2 years ago <input type="checkbox"/> Unknown/NA <input type="checkbox"/> Has not had albuminuria <b>GO TO Q2</b>	_ _ - _ _ - _ _ _ _  <b>OR</b> <input type="checkbox"/> Less than 1 year ago <input type="checkbox"/> Between 1 and 2 years ago <input type="checkbox"/> More than 2 years ago <input type="checkbox"/> Unknown/NA <input type="checkbox"/> Has not had proteinuria <b>GO TO Q3</b>
<b>b. Date of most recent measurement</b>	_ _ - _ _ - _ _ _ _  <input type="checkbox"/> Unknown/NA <input type="checkbox"/> No measurement available <b>GO TO Q2</b>	_ _ - _ _ - _ _ _ _  <input type="checkbox"/> Unknown/NA <input type="checkbox"/> No measurement available <b>GO TO Q3</b>
<b>c. Type of measurement (check one)</b>	<input type="checkbox"/> Spot <input type="checkbox"/> 24-hour urine <b>GO TO Q2</b> <input type="checkbox"/> Unknown/NA <b>GO TO Q2</b>	<input type="checkbox"/> Spot <input type="checkbox"/> 24-hour urine <b>GO TO Q3</b> <input type="checkbox"/> Unknown/NA <b>GO TO Q3</b>
<b>d. Spot urine sample</b>	_____ mg/L (milligram albumin per liter of urine)	_____ mg/L (milligram protein per liter of urine)
<b>e. Spot urine [albumin/protein]/creatinine ratio</b>	_____ mg/mmol (milligram albumin per millimole creatinine) _____ µg/mg (microgram albumin per milligram creatinine)	_____ mg/mmol (milligram protein per millimole creatinine) _____ µg/mg (microgram protein per milligram creatinine)

	<b>3. eGFR &lt;60</b>
<b>a. When did it start?</b>	_ _ - _ _ - _ _ _ _  <b>OR</b> <input type="checkbox"/> Less than 1 year ago <input type="checkbox"/> Between 1 and 2 years ago <input type="checkbox"/> More than 2 years ago <input type="checkbox"/> Unknown/NA <input type="checkbox"/> Has not had albuminuria <b>GO TO Q4</b>
<b>b. Date of most recent measurement</b>	_ _ - _ _ - _ _ _ _  <input type="checkbox"/> Unknown/NA <input type="checkbox"/> No measurement available <b>GO TO Q4</b>

4. Has the subject had:	Yes	No	Unknown
a. History of acute kidney injury (AKI*)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. History of >1 episode of AKI*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Peritoneal dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Kidney disease/ESRD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Kidney transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date:

|\_|\_|-|\_|\_|-|\_|\_|\_|\_|

**OR**

- Less than 1 year ago
- Between 1 and 2 years ago
- More than 2 years ago
- Unknown/NA

Date:

|\_|\_|-|\_|\_|-|\_|\_|\_|\_|

- Unknown/NA

Rejection?

- Yes
- No
- Unknown/NA

\*Must meet Acute Kidney Injury Network (AKIN) criteria, with a minimum of stage 1: an increase in serum creatinine of  $\geq 26.4 \mu\text{mol/L}$  or increase to  $\geq 150\text{--}200\%$  from baseline.