

Event Checking Chart

Cases of End-Stage Renal Disease (ESRD)

Name of centre and cohort _____

Patient ID code: _____

Gender: Male Female

Year of birth (yyyy): _____

Date of Event (dd/mm/yy): _____

1. Definition of endpoint

For the patient with *chronic renal disease*, please complete this form (and please provide source documentation) *the first time* the patient has initiated permanent (expected to last at least 3 months) dialysis:

hemodialysis

peritoneal dialysis,

or

the patient has undergone kidney transplantation

2. Diagnosis and categories of renal disease

Please indicate which category applies best for the characterization of the patients' renal disease (*tick one or more as appropriate*):

Chronic renal failure, with underlying etiology

HIV associated nephropathy

glomerulonephritis

interstitial nephritis

polycystic kidney disease

hereditary / congenital

vascular

diabetic nephropathy

systemic disease

other

unknown

If available, please provide the specific diagnosis of the patients' kidney disease: _____ and please include the ICD-10 _____ or ICD-9 code _____

3. Histology

Has kidney biopsy been performed? Yes No Unknown

If yes, please include a copy of the full report (*and please provide a brief summary in English*):

For fatal cases, please also complete a CoDe form.

Signature: _____ the Study Coordinating Office,

Date: _____ (dd/mm/yyyy)

Monitored at site by: _____ Date: _____
Print Name Signature dd/mm/yyyy

Please return this form to the DAD study coordinating office incl. copies of other relevant documents from the medical record (made anonymous and labelled with the patients ID-code) by air- or email and provide the cohort coordinating office with a copy of the chart.