



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): _____
(date of events listed in question 1)

1. Definition of endpoint

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

- haemodialysis
- 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*):

Signature: _____ the Study Coordinating Office, Date: _____ (dd/mm/yyyy)

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