



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

### PARTICIPANT ASSIGNMENT

**DEMO, ELIGII and SCRLABII** case report forms must be entered and verified prior to completing Participant Assignment (**ASSIGNII**).

eGFR VALUE

Enter eGFR value on ASSIGNII CRF:

1. eGFR value: \_\_\_\_\_ . \_\_\_\_\_ ml/min/1.73m<sup>2</sup>

### PARTICIPANT ASSIGNMENT

Check responses from Participant Assignment module in item #s 2, 3 and 4, on the **ASSIGNII** case report form.

- 2. Participant eligible for the CRIC study based on age, proteinuria and eGFR value: <sub>1</sub> Yes <sub>0</sub> No
- 3. Participant eligible for CRIC study based on Eligibility Assessment case report form (**ELIGII**): <sub>1</sub> Yes <sub>0</sub> No
- 4. Participant selected to the CRIC Study based on Assignment module. <sub>1</sub> Yes <sub>0</sub> No

### VERIFICATION

Click on "Verify" to re-enter Participant Assignment outcome for item # 2, 3 and 4.