

VA WEST HAVEN CSP530
ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 12 - DAY 60 POST - RANDOMIZATION STATUS

Hospital No.

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Patient ID

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Patient Initials

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NOTE: THIS FORM MUST BE COMPLETED BY ALL SUBJECTS ENROLLED IN THE STUDY

c. Patient discharged to (choose one):

- Home
- Skilled Nursing Facility
- Assisted Living Facility
- Other, specify:

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D. For the ICU Stay During Which Patient Entered Study

1. Date of admission to ICU

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 (mm/dd/yy)

2. Patient has been discharged from ICU Yes No

If yes, date of discharge from ICU

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 (mm/dd/yy)

E. Was initial consent obtained by surrogate consent? Yes No

If Yes, complete Form 2R (Re-Consent Form) if not previously completed.

Date of Form Completed

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 (mm/dd/yy)

Staff Initials

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