

VA WEST HAVEN CP530  
ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)  
FORM 13 - STUDY EXIT

Hospital No.

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Patient ID

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Patient Initials

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Date Form Completed (mm/dd/yy)

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**NOTE: THIS FORM MUST BE COMPLETED FOR ALL SUBJECTS ENROLLED IN THE STUDY.**

- I. Was initial consent obtained by surrogate consent? ..... Yes ☐ No ☐  
If Yes, complete Form 2R (Re-Consent Form) if not previously completed.

## II. Reason for Subject's exit from the study (Choose one):

☐ DeathIf patient died, date of Death ..... 

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 (mm/dd/yy)1. Death certificate attached ..... Yes ☐ No ☐2. Was patient still on dialysis/RRT at time of death? ..... Yes ☐ No ☐☐ Completion of 60-day follow-upDate of 60-day follow-up ..... 

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 (mm/dd/yy)☐ Lost to follow-upIf lost, date of last contact ..... 

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 (mm/dd/yy)☐ Termination of site from study participationIf terminated, date of site termination ..... 

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 (mm/dd/yy)☐ WithdrewIf withdrawn, date of withdrawal ..... 

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 (mm/dd/yy)

## 1. Reason for withdrawal (choose one)

☐ Patient withdrew consent☐ Surrogate withdrew consent☐ MD withdrawal of patient from study☐ Discontinued due to Serious Adverse Event (If SAE is treatment related, complete Form 16)☐ Patient transferred to another acute care hospital☐ Protocol violation (Specify)


☐ Other (Specify)


Staff Initials

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