



VA WEST HAVEN CSP530  
ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)  
FORM 11 - DAY 28 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 FOR ALL SUBJECTS ENROLLED IN THE STUDY.

D. For the ICU Stay During Which Patient Entered the 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 completion

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 (mm/dd/yy)

Staff Initials

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