VA WEST HAVEN CSP530
ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 10-DISCONTINUATION OF STUDY THERAPY

Hospital ☐☐☐ PatID ☐☐☐ PatInits ☐☐☐ Date Study Therapy Discontinued ☐☐ / ☐☐ / ☐☐ (mm/dd/yy)

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

A. Indications for Discontinuation of Study Therapy (check one of items 1-9 below)

1. Recovery of Renal Function ---------- Recovery Yes ☐ No ☐

   If yes,

   a. Increased urine volume? ---------- Yes ☐ No ☐ IncreaseUrine

      If Yes, enter urine volume ---------- UrineVol24Hr ☐☐☐☐ mL/day

   b. Spontaneous fall in serum creatinine? ---------- FallCreat Yes ☐ No ☐

      If Yes,

      1. Current serum creatinine value ------ CurrCreat ☐☐.☐ mg/dL

         a. Date obtained --- CreatDate ☐☐ / ☐☐ / ☐☐ (mm/dd/yy)

      2. Prior serum creatinine value ---- PriorCreat ☐☐.☐ mg/dL

         a. Date obtained ------ PriorCreatDate ☐☐ / ☐☐ / ☐☐ (mm/dd/yy)

   c. Is measured creatinine clearance (by protocol specified urine collection) greater than 12 mL/min? ---------- Yes ☐ No ☐ CreatMeasure

2. Withdrawal of life-support ---------- ☐

3. Patient Death (Complete Form 13) ---------- ☐

4. Patient withdrawn from study (Complete Form 13) ---------- ☐

5. Discharged/transferred from hospital on or before study day 28 ---------- ☐ Indication

6. Site terminated from study participation (Complete Form 13) ---------- ☐

7. DSMB terminated study (Complete Form 13) ---------- ☐

8. Reached study day 28 ---------- ☐

9. Other ---------- ☐

   Specify OtherReasonDesc

B. Was initial consent obtained by surrogate consent? ---------- Yes ☐ No ☐

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

FormDate ☐☐ / ☐☐ / ☐☐ StaffInits ☐☐☐