

VA WEST HAVEN CSP530
ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 2T - CONSENT TRANSMITTAL FORM

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 sent to West Haven CSPCC with a copy of the original informed consent that has been signed by the patient or the patient's surrogate.

I. Date on which the patient or patient's
surrogate signed the informed consent.

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(mm/dd/yy)

Staff Initials

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