





ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)

FORM 05 - PATIENT CONTACT INFORMATION

Hospital No.

Grid for Hospital No.

Patient ID

Grid for Patient ID

Patient Initials

Grid for Patient Initials

C. CONTACT INFORMATION FOR SURROGATE IF DIFFERENT THAN PERSON IN ITEM B.

1. First Name

Grid for First Name

MI

Grid for MI

Last Name

Grid for Last Name

2. Mailing Address (Number and Street Address)

Grid for Mailing Address (Line 1)

Apartment Number

Grid for Apartment Number

Grid for Mailing Address (Line 2)

3. City

Grid for City

State

Grid for State

Zip Code

Grid for Zip Code

4. Does contact have a phone?

Yes

No

a. Home phone

Grid for Home phone: ( ) -

b. Business/other phone

Grid for Business/other phone: ( ) -

5. Email address

Grid for Email address

6. Relationship to Patient(choose one)

Spouse/Partner  Friend

Parent  Other relative

Sibling  Other

Child

Grid for Other relationship

Grid for Staff Initials