

VA WEST HAVEN CSP 530
ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 03 - RANDOMIZATION

Hospital No.

Patient ID

Patient Initials

Randomization Date (mm/dd/yy)

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A. Patient is Eligible Yes No

B. Patient/Surrogate signed informed consent Yes No

1. Date consent form signed

/ / mm/dd/yy

C. SOFA Cardiovascular Organ Failure Score (choose one)

0 = No hypotension

1 = MAP < 70 mmHg off pressors

2 = Dopamine ≤ 5mcg/kg/min or dobutamine (any dose) for at least one hour

3 = (Dopamine > 5mcg/kg/min and ≤ 15mcg/kg/min) or (epinephrine ≤ 0.1mcg/kg/min or norepinephrine ≤ 0.1mcg/kg/min) or (phenylephrine ≤ 0.1mcg/kg/min)

4 = (Dopamine > 15mcg/kg/min) or (epinephrine > 0.1mcg/kg/min) or (norepinephrine > 0.1mcg/kg/min) or (phenylephrine > 0.1mcg/kg/min) or (any dose of vasopressin)

D. Oliguric (average urine output <20 mL/hr for >24 hours) Yes No

E. TO RANDOMIZE THE PATIENT (See Operations Manual):

1. Call the phone randomization system at Perry Point CSPCC (410/642-1175) to receive the treatment assignment (see Ops Manual) and complete Section F below.

2. Fax Form 01 (Screening Form), the signed informed consent, and the completed Form 03 to Vanessa McBride/CSP530 at the West Haven CSPCC. The Fax number is (203)937-3858.

F. Treatment Group Assignment (check one) CONVENTIONAL INTENSIVE

Date of Form Completion (mm/dd/yy)

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Staff Initials