VA WEST HAVEN CSP530A

ACUTE RENAL FAILURE TRIAL NETWORK (OBSERVATIONAL STUDY)

FORM 22 - ENTRY FORM

Hospital No. ☐☐☐ Patient ID ☐☐☐ Date Form Completed (mm/dd/yy) ☐☐/☐☐/☐☐

A. Demographic Information

1. Age ☐☐☐ years

2. Gender: ☐ male ☐ female

3. Racial/Ethnic Origin:

☐ White, not of Hispanic Origin ☐ Pacific Islander

☐ Black, not of Hispanic Origin ☐ American Indian/Alaskan Native

☐ Hispanic ☐ Other

☐ Asian

4. Etiology of Acute Tubular Necrosis (choose one):

☐ Ischemic

☐ Nephrotoxic

☐ Sepsis

☐ Multifactorial

B. Did patient receive Renal Replacement Therapy within 14 day of Screening? -------- ☐ Yes ☐ No

1. If no, please skip to the end of this form, enter staff initials, and send form to WH CSPCC.
2. If yes, complete the remainder of the form and send form to WH CSPCC with the patient's RRT forms (Observational Study Forms 23).

C. Renal Replacement Therapy (RRT) Data

1. Day post-screening that RRT was started (day 01=screening day). ☐☐

2. Indication for RRT (choose all that apply).

☐ Volume overload

☐ Persistent hyperkalemia

☐ Severe metabolic acidosis

☐ Azotemia

3. BUN on date RRT initiated: ☐☐☐ mg/dL

4. SOFA Cardiovascular Score at time of initiation of RRT: ☐

Clear Form

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5. For days 1 through 14 post-screening, indicate whether RRT was provided and if provided, what modality was used. For each day when RRT was provided, check all modalities that apply. Day 1 is day of screening.

Day 1:	☐ No RRT	☐ IHD	☐ SLED	☐ CRRT
Day 2:	☐ No RRT	☐ IHD	☐ SLED	☐ CRRT
Day 3:	☐ No RRT	☐ IHD	☐ SLED	☐ CRRT
Day 4:	☐ No RRT	☐ IHD	☐ SLED	☐ CRRT
Day 5:	☐ No RRT	☐ IHD	☐ SLED	☐ CRRT
Day 6:	☐ No RRT	☐ IHD	☐ SLED	☐ CRRT
Day 7:	☐ No RRT	☐ IHD	☐ SLED	☐ CRRT
Day 8:	☐ No RRT	☐ IHD	☐ SLED	☐ CRRT
Day 9:	☐ No RRT	☐ IHD	☐ SLED	☐ CRRT
Day 10:	☐ No RRT	☐ IHD	☐ SLED	☐ CRRT
Day 11:	☐ No RRT	☐ IHD	☐ SLED	☐ CRRT
Day 12:	☐ No RRT	☐ IHD	☐ SLED	☐ CRRT
Day 13:	☐ No RRT	☐ IHD	☐ SLED	☐ CRRT
Day 14:	☐ No RRT	☐ IHD	☐ SLED	☐ CRRT

6. Complete a Form 23 for each treatment provided on each of the 14 days post screening.

NOTE: Mail Form 22 and all Forms 23 for this patient to WH CSPCC together at the end of the 14 day post-screening period.

Staff Initials ☐☐☐