

ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 21 - BIOREPOSITORY SPECIMEN CONFIRMATION

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 IS TO BE COMPLETED FOR EVERY PATIENT ENROLLED IN THE STUDY.

I. Did patient/surrogate consent to have blood samples drawn for the biorepository? ----- Yes ☐ No ☐

A. If No, skip to the end of form.

B. If Yes,

1. Was specimen 1 obtained (i.e. the specimen for study day 1)?-----Yes ☐ No ☐

a. If yes,

i. Date specimen obtained

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 (mm/dd/yy)

ii. Affix label for specimen

Affix label here

b. If no, give reason specimen not obtained (check one)

☐ patient refused

☐ died

☐ withdrew from study

☐ missed blood draw

☐ other, specify

2. Was specimen 2 obtained (i.e. the specimen for study day 8)?-----Yes ☐ No ☐

a. If yes,

i. Date specimen obtained

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 (mm/dd/yy)

ii. Affix label for specimen

Affix label here

b. If no, give reason specimen not obtained (check one).

☐ patient refused

☐ died

☐ withdrew from study

☐ missed blood draw

☐ other, specify

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3. Was a shipment sent to MAVERIC with at least one specimen for this patient? ____ Yes ☐ No ☐

a. If yes,

i. Date of shipment

____/____/____ (mm/dd/yy)

ii. FedEx tracking#

[illegible]

b. If no, specify reason (check one).

☐ no specimens obtained☐ other, specify

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Note: Send the original of this Form to the West Haven CSPCC for every patient enrolled in the study and make a copy for the patient's study folder.

Staff Initials

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