



ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)  
FORM 11 - DAY 28 POST - RANDOMIZATION STATUS

Hospital

□ □ □

PatID

□ □ □

PatInits

□ □ □

NOTE: THIS FORM MUST BE COMPLETED FOR ALL SUBJECTS ENROLLED IN THE STUDY.

D. For the ICU Stay During Which Patient Entered the Study

1. Date of admission to ICU ----- AdmitICUDate □ □ / □ □ / □ □ (mm/dd/yy)

2. Patient has been discharged from ICU? ----- DischargeICU Yes  No

If yes, date of discharge from ICU ----- DischargeICUDate □ □ (mm/dd/yy)

E. Was initial consent obtained by surrogate consent? ----- Yes  No

If Yes, complete Form 2R (Re-Consent Form) if not previously completed.

InitialConsent

FormDate

Date of form completion

□ □ / □ □ / □ □ (mm/dd/yy)

StaffInits

Staff Initials

□ □ □