

ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)  
FORM 2R - PATIENT RE-CONSENT FORM COVER SHEET

Hospital

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PatID

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PatInits

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Date

Date Form Completed (mm/dd/yy)

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CapAssessDate

		/			/		
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(mm/dd/yy)

I. Date on which the patient's decision-making capacity was assessed.-----

A. Was patient hospitalized at time of inquiry?-----

Yes ☐No ☐

Hospitalized

II. Has the patient regained decision-making capacity? -----

Yes ☐No ☐

RegainCapacity

A. If the patient has regained decision-making capacity, the patient must be re-consented for continued participation in the study.

ReconsentDate

1. Date patient signed Re-consent Form (VA Form 10-1086) -----

		/			/		
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(mm/dd/yy)

2. Check one of the boxes below

☐ Patient consented to continued participation in the study.

Consent

☐ Patient has not consented to continued participation in the study.

Notes: 1. If patient withdraws consent to continued participation in the study, please complete Form 13 (Study Exit Form).

2. Send this cover sheet and the signed re-consent form to WHCSPCC within 24 hours of receiving the signed re-consent form.

StaffInits

Staff Initials

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