

## Annotated form 4416325443

## Day 28 Date (mm/dd/yy)

Date

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

If dead, also fill out Form 13 (Study Exit Form).

OnDialysis

1. Patient is still on or at time of death was on dialysis/RRT? \_\_\_\_\_ Yes ☐ No ☐

If no,

a. Most recent serum creatinine (lowest, if patient developed subsequent acute renal failure post-study therapy) -- RecentCreat [ ] . [ ] mg/dL

b. Date of the most recent serum creatinine reported above -----	RecentCreatDate
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c. Date of most recent treatment -----	RecentTreatDate			/		/	
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d. Enter the highest creatinine clearance prior to or on day 28	---	CreatClearance	mL/min
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### C. For the Hospitalization During Which Patient Entered the Study

1. Date of admission to hospital	AdmitDate		/		/		(mm/dd/yy)
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2. Patient has been discharged from hospital? ----- **Discharge** Yes ☐ No ☐

If yes,

a. Date of discharge from hospital	_____	/	_____	/	_____	(mm/dd/yy)
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b. Discharge Dx Information

### 1. Primary Discharge DX

## 2. Secondary Discharge DX

c. Patient discharged to (choose one):

PatientDischarge ☐ Home

☐ Skilled Nursing Facility☐ Assisted Living Facility☐ Other, specify:

DischargeDesc

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

Hospital

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PatID

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PatInits

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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**

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 (mm/dd/yy)2. Patient has been discharged from ICU? ----- **DischargeICU** Yes ☐ No ☐If yes, date of discharge from ICU ----- **DischargeICUDate**

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 (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

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 (mm/dd/yy)**StaffInits**

Staff Initials

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