

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

Hospital No.

--	--	--

Patient ID

--	--	--

Patient Initials

--	--	--

Date Form Completed (mm/dd/yy)

		/			/		
--	--	---	--	--	---	--	--

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

--	--

 /

--	--

 /

--	--

(mm/dd/yy)

A. Was patient hospitalized at time of inquiry?----- Yes No

II. Has the patient regained decision-making capacity? ----- Yes No

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

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

--	--

 /

--	--

 /

--	--

(mm/dd/yy)

2. Check one of the boxes below

- Patient consented to continued participation in the study.
- 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.