

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

Hospital No.

[ ][ ][ ]

Patient ID

[ ][ ][ ]

Patient Initials

[ ][ ][ ]

Date Form Completed (mm/dd/yy)

[ ][ ] / [ ][ ] / [ ][ ]

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 [ ][ ] / [ ][ ] / [ ][ ] (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 [ ][ ] / [ ][ ] / [ ][ ] (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

[ ]

VA WEST HAVEN CSP 530  
ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)  
FORM 21 - BIOREPOSITORY SPECIMEN CONFIRMATION

Hospital No.

--	--	--

Patient ID

--	--	--

Patient Initials

--	--	--

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#

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

no specimens obtained

other, specify

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

--	--	--