

VA WEST HAVEN CP530
ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 13 - STUDY EXIT

Hospital No.

[][][]

Patient ID

[][][]

Patient Initials

[][][]

Date Form Completed (mm/dd/yy)

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

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

I. Was initial consent obtained by surrogate consent? Yes No
If Yes, complete Form 2R (Re-Consent Form) if not previously completed.

II. Reason for Subject's exit from the study (Choose one):

Death

If patient died, date of Death [][] / [][] / [][] (mm/dd/yy)

1. Death certificate attached Yes No

2. Was patient still on dialysis/RRT at time of death? Yes No

Completion of 60-day follow-up

Date of 60-day follow-up [][] / [][] / [][] (mm/dd/yy)

Lost to follow-up

If lost, date of last contact [][] / [][] / [][] (mm/dd/yy)

Termination of site from study participation

If terminated, date of site termination [][] / [][] / [][] (mm/dd/yy)

Withdrew

If withdrawn, date of withdrawal [][] / [][] / [][] (mm/dd/yy)

1. Reason for withdrawal (choose one)

Patient withdrew consent

Surrogate withdrew consent

MD withdrawal of patient from study

Discontinued due to Serious Adverse Event (If SAE is treatment related, complete Form 16)

Patient transferred to another acute care hospital

Protocol violation (Specify)

[]
[]

Other (Specify)

[]
[]

Staff Initials [][][]