

VA WEST HAVEN CSP530  
ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)  
FORM 10-DISCONTINUATION OF STUDY THERAPY

Hospital No.

[ ][ ][ ]

Patient ID

[ ][ ][ ]

Patient Initials

[ ][ ][ ]

Date Study Therapy Discontinued

[ ][ ] / [ ][ ] / [ ][ ] (mm/dd/yy)

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

A. Indications for Discontinuation of Study Therapy (check one of items 1-9 below)

1. Recovery of Renal Function----- Yes  No

If yes,

a. Increased urine volume?----- Yes  No

If Yes, enter urine volume----- [ ][ ][ ][ ] mL/day

b. Spontaneous fall in serum creatinine?----- Yes  No

If Yes,

1. Current serum creatinine value----- [ ][ ] . [ ] mg/dL

a. Date obtained----- [ ][ ] / [ ][ ] / [ ][ ] (mm/dd/yy)

2. Prior serum creatinine value----- [ ][ ] . [ ] mg/dL

a. Date obtained----- [ ][ ] / [ ][ ] / [ ][ ] (mm/dd/yy)

c. Is measured creatinine clearance (by protocol specified urine collection) greater than 12 mL/min?----- Yes  No

2. Withdrawal of life-support-----

3. Patient Death (Complete Form 13)-----

4. Patient withdrawn from study (Complete Form 13)-----

5. Discharged/transferred from hospital on or before study day 28-----

6. Site terminated from study participation (Complete Form 13)-----

7. DSMB terminated study (Complete Form 13)-----

8. Reached study day 28-----

9. Other-----

Specify

[ ]

B. Was initial consent obtained by surrogate consent?----- Yes  No

If Yes, complete Form 2R (Re-Consent Form) if not previously completed.

Staff Initials

Date of Form Completion

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