

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

Hospital

[][][]

PatID

[][][]

PatInits

[][][]

Date

Date Form Completed (mm/dd/yy)

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

CapAssessDate

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

(mm/dd/yy)

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

A. Was patient hospitalized at time of inquiry?-----

Yes

No

Hospitalized

II. Has the patient regained decision-making capacity? -----

Yes

No

RegainCapacity

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

ReconsentDate

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.

Consent

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.

StaffInits

Staff Initials

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