

VA WEST HAVEN CSP 530
ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 03 - RANDOMIZATION

Hospital No.

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Patient ID

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Patient Initials

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Randomization Date (mm/dd/yy)

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A. Patient is Eligible Yes ☐ No ☐B. Patient/Surrogate signed informed consent Yes ☐ No ☐

1. Date consent form signed

		/			/			mm/dd/yy
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C. SOFA Cardiovascular Organ Failure Score (choose one)

☐ 0 = No hypotension☐ 1 = MAP < 70 mmHg off pressors☐ 2 = Dopamine \leq 5mcg/kg/min or dobutamine (any dose) for at least one hour☐ 3 = (Dopamine > 5mcg/kg/min and \leq 15mcg/kg/min) or (epinephrine \leq 0.1mcg/kg/min or norepinephrine \leq 0.1mcg/kg/min) or (phenylephrine \leq 0.1mcg/kg/min)☐ 4 = (Dopamine > 15mcg/kg/min) or (epinephrine > 0.1mcg/kg/min) or (norepinephrine > 0.1mcg/kg/min) or (phenylephrine > 0.1mcg/kg/min) or (any dose of vasopressin)D. Oliguric (average urine output <20 mL/hr for >24 hours) Yes ☐ No ☐

E. TO RANDOMIZE THE PATIENT (See Operations Manual):

1. Call the phone randomization system at Perry Point CSPCC (410/642-1175) to receive the treatment assignment (see Ops Manual) and complete Section F below.

2. Fax Form 01 (Screening Form), the signed informed consent, and the completed Form 03 to Vanessa McBride/CSP530 at the West Haven CSPCC. The Fax number is (203)937-3858.

F. Treatment Group Assignment (check one) ☐ CONVENTIONAL ☐ INTENSIVE

Date of Form Completion (mm/dd/yy)

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Staff Initials

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