VA WEST HAVEN CSP530

ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)

FORM 12 - DAY 60 POST - RANDOMIZATION STATUS

Hospital ☐☐☐ PatID ☐☐☐ PatInits ☐☐☐ Day 60 Date (mm/dd/yy) Date ☐☐ / ☐☐ / ☐☐

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

A. Patient Vital Status at 60 days after Randomization ------ VitalStatus ☐ alive ☐ dead

1. If dead,
   a. If death occurred after study day 28 complete remainder of this form and fill out Form 13.
   b. If death occurred on or before day 28 be sure Form 11 and Form 13 are completed and skip to the end of this form.

2. If alive, complete remainder of this form.

B. Assessment of Renal Function

1. Patient is still on or at time of death was on dialysis/RRT? ---------- OnDialysis Yes ☐ No ☐

   If no,

   a. Most recent serum creatinine (lowest, if patient developed subsequent acute renal failure post-study therapy) ------- RecentCreat ☐☐.☐ mg/dL

   b. Date of the most recent serum creatinine reported above-------- RecentCreatDate ☐☐☐☐

   c. Date of most recent treatment------- RecentTreatDate ☐☐ / ☐☐ / ☐☐

C. For the Hospitalization During Which Patient Entered Study

1. Date of admission to hospital ---------- AdmitDate ☐☐ / ☐☐ / ☐☐ (mm/dd/yy)

2. Patient has been discharged from hospital ---------- Discharge Yes ☐ No ☐

   If yes,

   a. Date of discharge from hospital -- DischargeDate ☐☐ / ☐☐ / ☐☐ (mm/dd/yy)

   b. Discharge Dx Information

      1. Primary Discharge DX

      PrimDx1

      PrimDx2

      2. Secondary Discharge DX

      SecDx1

      SecDx2

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c. Patient discharged to (choose one):

PatientDischarge

☐ Home
☐ Skilled Nursing Facility
☐ Assisted Living Facility
☐ Other, specify: DischargeDesc

D. For the ICU Stay During Which Patient Entered Study

AdmitICUDate

1. Date of admission to ICU ---------- / / (mm/dd/yy)

2. Patient has been discharged from ICU ---------- DischargeICU Yes ☐ No ☐

If yes, date of discharge from ICU ---------- DischargeICUDate (mm/dd/yy)

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

InitialConsent

StaffInits

FormDate

Date of Form Completed / / (mm/dd/yy)

Staff Initials