

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

Hospital No.

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Patient ID

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Patient Initials

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Date Form Completed (mm/dd/yy)

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

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(mm/dd/yy)

A. Was patient hospitalized at time of inquiry?----- Yes ☐ No ☐II. Has the patient regained decision-making capacity? ----- Yes ☐ No ☐

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

1. Date patient signed Re-consent Form (VA Form 10-1086) -----

		/			/		
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(mm/dd/yy)

2. Check one of the boxes below

☐ Patient consented to continued participation in the study.☐ 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.

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