

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 Patient withdrawn from study (Complete Form 13) ----- ☐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

  /   /