

Date

Hospital

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PatID

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PatInits

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Date Form Completed (mm/dd/yy)

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

I. Was initial consent obtained by surrogate consent? Yes ☐ No ☐

If Yes, complete Form 2R (Re-Consent Form) if not previously completed.

InitialConsent

II. Reason for Subject's exit from the study (Choose one):

DeathDate

☐ Death

If patient died, date of Death (mm/dd/yy)

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1. Death certificate attached Yes ☐ No ☐

DeathCertif

2. Was patient still on dialysis/RRT at time of death? Yes ☐ No ☐

DeathOnRRT

☐ Completion of 60-day follow-up

Date of 60-day follow-up (mm/dd/yy)

EndFollowupDate			/			/		
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☐ Lost to follow-up

If lost, date of last contact (mm/dd/yy)

LostContactDate					
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☐ Termination of site from study participation

If terminated, date of site termination (mm/dd/yy)

SiteTermDate					
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☐ Withdrew

If withdrawn, date of withdrawal (mm/dd/yy)

WithdrewDate					
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1. Reason for withdrawal (choose one)

☐ Patient withdrew consent

Reason

☐ Surrogate withdrew consent☐ MD withdrawal of patient from study☐ Discontinued due to Serious Adverse Event (If SAE is treatment related, complete Form 16)☐ Patient transferred to another acute care hospital☐ Protocol violation (Specify)

ViolateDesc1

ViolateDesc2

☐ Other (Specify)

OtherWithdrewDesc1

OtherWithdrewDesc2

StaffInits

Staff Initials

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