

V5\_GEN\_FORM



## RCP Hospitalization

Date of Admission		
	(mm/dd/yyyy)	
Date of Discharge		
	(mm/dd/yyyy)	
Discharge Destination	Home	
	Hospital-affiliated Transitional Residence	
	Other	
	Rehabilitation Facility	
	Transfer to another hospital	
Number of ICU days		
Type of hospital	A2ALL Transplant Center	Non-A2ALL Hospital
Reason for hospital admission		
Discharge Diagnosis		

Start Time: 14:36:26 Stop Time: 14:36:26 Time To Generate: 0 seconds