

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK STUDY
HOSPITAL ADMISSION NOTIFICATION FORM # 44

This form is completed immediately when a center learns that a patient is hospitalized.

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1. Identification Number.....

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2. Name Code.....

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3. Admission Date: mm/dd/yyyy Hosp -dt

4. Is the patient still in the hospital?
(0=No-Discharged, 1=No-Died, 2=Yes-Still in Hospital) in-hosp ~~Hosp-dt~~

Remember to complete a Form 45, Clinical Center Hospitalization Form, within two weeks after the patient is discharged.

AASK preliminary thoughts on primary and secondary cause of hospitalization:

- 5. Primary cause (use Form 45 code list) p-cause
- 6. Secondary cause (use Form 45 code list) s-cause
- 201. Certification ID of person completing this form Compl-by
- 202. Certification ID of person entering this form enter-by

For Clinical Center Use Only

Date Entered ___/___/___

Verified? _____