

ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)  
FORM 10-DISCONTINUATION OF STUDY THERAPY

Hospital  
[ ][ ][ ]

PatID  
[ ][ ][ ]

PatInits  
[ ][ ][ ]

Date Study Therapy Discontinued  
[ ][ ] / [ ][ ] / [ ][ ] (mm/dd/yy)  
Date

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 -----  Recovery  Yes  No   
 If yes,
  - a. Increased urine volume? ----- Yes  No    
 If Yes, enter urine volume -----  [ ][ ][ ][ ] mL/day
  - b. Spontaneous fall in serum creatinine? -----  FallCreat  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 Patient withdrawn from study (Complete Form 13) -----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 Inits  
FormDate [ ][ ] / [ ][ ] / [ ][ ] [ ][ ][ ][ ]