

ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 11 - DAY 28 POST - RANDOMIZATION STATUS

Hospital

[][][]

PatID

[][][]

PatInits

[][][]

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

D. For the ICU Stay During Which Patient Entered the Study

1. Date of admission to ICU ----- **AdmitICUDate** [][] / [][] / [][] (mm/dd/yy)

2. Patient has been discharged from ICU? ----- **DischargeICU** Yes No

If yes, date of discharge from ICU ----- **DischargeICUDate** [][] [][] (mm/dd/yy)

E. Was initial consent obtained by surrogate consent? ----- Yes No

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

InitialConsent

FormDate

Date of form completion

[][] / [][] / [][] (mm/dd/yy)

StaffInits

Staff Initials

[][][]