



Hospital

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PatID

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PatInits

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

c. Patient discharged to (choose one):

PatientDischarge

- Home
- Skilled Nursing Facility
- Assisted Living Facility
- Other, specify:

DischargeDesc

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D. For the ICU Stay During Which Patient Entered Study

AdmitICUDate

1. Date of admission to ICU -----

		/			/		
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(mm/dd/yy)

2. Patient has been discharged from ICU -----

DischargeICU

Yes  No

If yes, date of discharge from ICU -----

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(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 Completed

		/			/		
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(mm/dd/yy)

StaffInits

Staff Initials

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