

Hospital  
[ ][ ][ ]

PatID  
[ ][ ][ ]

PatInits  
[ ][ ][ ]

Date  
Date Form Completed (mm/dd/yy)  
[ ][ ] / [ ][ ] / [ ][ ]

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

I. Was initial consent obtained by surrogate consent? ..... Yes  No   
If Yes, complete Form 2R (Re-Consent Form) if not previously completed.

InitialConsent

II. Reason for Subject's exit from the study (Choose one):

Death

If patient died, date of Death ..... [ ][ ] / [ ][ ] / [ ][ ] (mm/dd/yy)

DeathDate

1. Death certificate attached ..... Yes  No

DeathCertif

2. Was patient still on dialysis/RRT at time of death? ..... Yes  No

DeathOnRRT

Completion of 60-day follow-up

Date of 60-day follow-up [ ][ ] / [ ][ ] / [ ][ ] (mm/dd/yy)

EndFollowupDate

Lost to follow-up

If lost, date of last contact ..... [ ][ ] / [ ][ ] / [ ][ ] (mm/dd/yy)

LostContactDate

Termination of site from study participation

If terminated, date of site termination ..... [ ][ ] / [ ][ ] / [ ][ ] (mm/dd/yy)

SiteTermDate

Withdrew

If withdrawn, date of withdrawal ..... [ ][ ] / [ ][ ] / [ ][ ] (mm/dd/yy)

WithdrewDate

1. Reason for withdrawal (choose one)

Reason

- Patient withdrew consent
- Surrogate withdrew consent
- MD withdrawal of patient from study
- Discontinued due to Serious Adverse Event (If SAE is treatment related, complete Form 16)
- Patient transferred to another acute care hospital
- Protocol violation (Specify)

ViolateDesc1

ViolateDesc2

Other (Specify)

OtherWithdrewDesc1

OtherWithdrewDesc2

StaffInits

Staff Initials

[ ][ ][ ]