

ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)  
FORM 21 - BIOREPOSITORY SPECIMEN CONFIRMATION

Hospital  
[ ][ ][ ]

PatID  
[ ][ ][ ]

PatInits  
[ ][ ][ ]

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

NOTE: THIS FORM IS TO BE COMPLETED FOR EVERY PATIENT ENROLLED IN THE STUDY.

Consent

I. Did patient/surrogate consent to have blood samples drawn for the biorepository? ----- Yes  No

A. If No, skip to the end of form.

B. If Yes,

Specimen1Obtained

1. Was specimen 1 obtained (i.e. the specimen for study day 1)?-----Yes  No

a. If yes,

i. Date specimen obtained [ ][ ] / [ ][ ] / [ ][ ] DateSpecimen1 (mm/dd/yy)

ii. Affix label for specimen Affix label here Specimen1Label

b. If no, give reason specimen not obtained (check one)

patient refused

died

withdrew from study ReasonSpecimen1

missed blood draw

other, specify ReasonSpecimen1Desc

2. Was specimen 2 obtained (i.e. the specimen for study day 8)?----- Yes  No

a. If yes,

Specimen2Obtained

i. Date specimen obtained [ ][ ] / [ ][ ] / [ ][ ] (mm/dd/yy) DateSpecimen2

ii. Affix label for specimen Affix label here Specimen2Label

b. If no, give reason specimen not obtained (check one).

patient refused

died

withdrew from study ReasonSpecimen2

missed blood draw

other, specify ReasonSpecimen2Desc

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Shipment

3. Was a shipment sent to MAVERIC with at least one specimen for this patient? --- Yes  No   
a. If yes,

i. Date of shipment

		/			/		
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(mm/dd/yy)

DateShip

ii. FedEx tracking#

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FedEx

b. If no, specify reason (check one).

no specimens obtained

other, specify

NotShipped

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NotShipDesc

Note: Send the original of this Form to the West Haven CSPCC for every patient enrolled in the study and make a copy for the patient's study folder.

StaffInits

Staff Initials

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