

ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)  
FORM 2R - PATIENT RE-CONSENT FORM COVER SHEET

Hospital

[ ][ ][ ]

PatID

[ ][ ][ ]

PatInits

[ ][ ][ ]

Date

Date Form Completed (mm/dd/yy)

[ ][ ] / [ ][ ] / [ ][ ]

CapAssessDate

[ ][ ] / [ ][ ] / [ ][ ]

(mm/dd/yy)

I. Date on which the patient's decision-making capacity was assessed.-----

A. Was patient hospitalized at time of inquiry?----- Yes  No  Hospitalized

II. Has the patient regained decision-making capacity? ----- Yes  No  RegainCapacity

A. If the patient has regained decision-making capacity, the patient must be re-consented for continued participation in the study.

ReconsentDate

1. Date patient signed Re-consent Form (VA Form 10-1086) ----- [ ][ ] / [ ][ ] / [ ][ ]

(mm/dd/yy)

2. Check one of the boxes below

Patient consented to continued participation in the study. Consent

Patient has not consented to continued participation in the study.

Notes: 1. If patient withdraws consent to continued participation in the study, please complete Form 13 (Study Exit Form).

2. Send this cover sheet and the signed re-consent form to WHCSPCC within 24 hours of receiving the signed re-consent form.

StaffInits

Staff Initials [ ][ ][ ]