

VA WEST HAVEN CSP530
ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 2T - CONSENT TRANSMITTAL FORM

Hospital

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PatID

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PatInits

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Date

Date Form Completed (mm/dd/yy)

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Note: This form must be sent to West Haven CSPCC with a copy of the original informed consent that has been signed by the patient or the patient's surrogate.

ConsentDate

I. Date on which the patient or patient's surrogate signed the informed consent.

		/			/			(mm/dd/yy)
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Staff Initials

StaffInits

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