



Folic Acid for Vascular Outcome
Reduction in Transplantation

INITIATION OF DIALYSIS FAX NOTIFICATION FORM

FORM CODE: DIA VERSION: A 02/02/05

TO: FAVORIT DCC FROM:

FAX: 919-962-3265 DATE:

PHONE: 919-962-3092 Number of pages:

INSTRUCTIONS: Fax to DCC when becoming aware participant has initiated dialysis. This form will need to be completed by Site Investigator.

DIAA0 is date the form was received by the Data Coordinating Center

Participant ID:

Record the "contact occasion" and "sequence number" for the corresponding FOLLOW-UP CONTACT FORM where it was indicated that the participant initialized dialysis.

FUP CONTACT OCCASION: SEQUENCE NUMBER:

1. Date current dialysis was initiated: / /
Month Day Year

DIAA1

2. In the opinion of the investigator, has the participant developed dialysis-dependent end stage renal disease (will the participant remain on dialysis for 3 months or longer or until a transplant is received)?

DIAA2

- Y Yes
- N No
- U Unknown

3. Site Investigators signature: *By signing this form, I attest that the information collected on this form is true and accurate:*

Signature: _____

DIAA3A_present

a. Printed Name:

4. Date of Data Collection: / /
Month Day Year

DIAA4

DIAA3A_present can be used to see if a Investigator's signature is present. Actual name is blinded.