

Frequent Hemodialysis Network PATIENT FUTURE LINKAGE - FORM #108

This form is for U.S. patients only. This form is completed as soon as the patient signs the consent form for participation in the FHN Trial. It is ideal for the subject to provide his/her social security number (SSN). However, if the subject refuses to provide SSN but is willing to submit other key data items, then complete the appropriate data items below. The DCC does **not** have access to this form.

This information is sent directly to the USRDS: Attn: Shu-Cheng Chen, M.S.
Director of Information Systems
USRDS
914 South 8th Street, Suite D-206
Minneapolis, MN 55404

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1. Participant ID #

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2. Alpha Code

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3. Date dd/mon/yyyy

4. Did patient agree to provide this information for future linkage with USRDS?
0=No, patient refused - *complete question on Form 233. (Do not send to USRDS.)*
1=Yes, patient agreed, continue.
2=Yes, patient agreed but does not want to provide SSN.

Print the following:

5. Clinical Center name: _____
6. Patient name: a) *Last name: _____
b) *First name: _____
c) Middle initial: _____
7. *Date of Birth: (dd/mon/yyyy) / /
8. *Gender: (1=Male, 2=Female)

United States:

9. a. Social Security Number: (numeric) - - - - -
b. *Month and year patient was **first** treated for ESRD (with hemodialysis, peritoneal dialysis, or kidney transplantation) (mon/yyyy) /
(Note: This date should be the same date that appears on Form 100/110, Q12a)
10. Medicare/HIC Number: (alphanumeric)..... - - - - -
(Note: Do not complete item 10 if patient refused to provide SSN.)

***Must be completed if SSN is not provided.**