

Frequent Hemodialysis Network LAST DIALYSIS SESSION BEFORE THE MRI FORM - # 250

This form is completed after the study coordinator knows the date that an MRI was performed. The Study Coordinator goes back to the patient’s dialysis data and obtains data on last dialysis session that was done prior to the MRI. **This form is completed in conjunction with the MRI based on the following schedule.**

Schedule: Daily: Baseline and F-12.
Nocturnal v3.0: Baseline and F-12. (Nocturnal v2.1: Baseline and F-14).

1. Participant ID #					2. Alpha Code		3a. Visit Type	3b. Visit Number		4. Date of MRI: dd/mon/yyyy			

- 5. Date of this patient’s last dialysis session before the MRI..... (dd/mon/yyyy) ___/___/___
- 6. End time of this patient’s last dialysis session (24-hour clock)..... : ___
- 7. Post weight after this patient’s last dialysis session (kg)..... . ___

200. Date this form completed (dd/mon/yyyy)..... ___/___/___

201. Username of person reviewing this form

For Clinical Center Use Only:

202. Username of person entering this form: _____

203. Date entered: (dd/mon/yyyy) ___/___/___