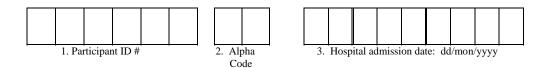
## Frequent Hemodialysis Network CLINICAL CENTER HOSPITALIZATION NOTIFICATION FORM #302

**Baseline:** If a patient is hospitalized during baseline, complete this Form 302 only as soon as the Clinical Center becomes aware that a patient has been hospitalized. *If the trial caused the hospitalization, then a Form 303 must be completed along with a Form 308.* 

**Follow-Up:** This form is completed as soon as the Clinical Center becomes aware that a patient has been hospitalized. A Form 303 and Form 308 must be completed and entered.



Remember to complete a Clinical Center Detailed Hospitalization Form #303, SAE Form #308. Send/fax the hospitalization packet to the DCC within three months after the patient was discharged.

- 6. Secondary reason for this hospitalization ...... (see code list from Form 303)

200. 1	Date this form completed (dd/mmm/yyyy)
201. 1	Username of person completing this form
For Clinical Center Use Only:	
202.	Username of person entering this form:
203.	Date Entered: (dd/mmm/yyyy)/////