

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.

--	--	--	--	--	--	--	--

1. Participant ID #

--	--

2. Alpha Code

--	--	--	--	--	--	--	--

3. Hospital admission date: dd/mon/yyyy

4. Is the patient still in the hospital?
(0=No-discharged, 1=No-died (enter Form 305/306), 2=Yes-still in hospital)

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.

5. Primary reason for this hospitalization
(see code list from Form 303. *Note: A terminal code of 0 indicates a procedure and cannot be used as a primary reason code.*)

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

200. Date this form completed (dd/mmm/yyyy)..... / /

201. Username of person completing this form.....

For Clinical Center Use Only:

202. Username of person entering this form: _____

203. Date Entered: (dd/mmm/yyyy) ____/____/____