

Frequent Hemodialysis Network POST RANDOMIZATION PATIENT TRANSPLANT OR PERITONEAL DIALYSIS FORM #313

Instructions: This Form 313 should be completed by a study coordinator when a randomized patient has a renal transplant or switches to peritoneal dialysis.

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1. Participant ID #

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2. Alpha Code

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3. Event Date: dd/mon/yyyy

4. What patient event are you reporting?

1=Patient received a kidney transplant

2=Patient switched to peritoneal dialysis

5. Briefly describe what happened in the text field below, noting especially whether this event could have been predicted. (Use back of sheet if necessary.)

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

201. Username of person reviewing completeness of this form

For Clinical Center Use Only:

202. Username of person entering this form: _____

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