

Frequent Dialysis Network TRANSFER FORM - FORM # 400

This form is completed whenever a participant transfers to another FHN *clinical center or participating dialysis unit*. . This form is completed at the participating site and faxed to the DCC at 216-445-2781 for data entry.

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1. Participant ID Number

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2. Alpha Code

3. Date of transfer(dd/mmm/yyyy) __ __/__ __ __/__ __ __ __

4. a. Clinical Center number where participant is transferring to.....__ __

b. Dialysis unit number where participant is transferring to__ __ __ __

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

201. Username of person completing this form__ __ __ __ __ __ __ __

For DCC Use Only:

Date transferred out of FHN: (dd/mmm/yyyy) __ __ __ __/__ __ __ __/__ __ __ __

Date received at the DCC (dd/mmm/yyyy) __ __ __ __/__ __ __ __/__ __ __ __

Username of DCC person entering this form __ __ __ __ __ __ __ __

This page will be printed out separately so that the DCC does not receive confidential information

Participant Information
(May be written on another sheet.)

Stored locally. Not key entered into the study database. Do not forward this information to the DCC.

Name of participant: _____

Address: _____

Address: _____

Phone number: _____

Alternate contact: _____

Physicians' names: _____

Contact information: _____