

## Frequent Dialysis Network RE-ENROLLMENT OF A PREVIOUSLY ENROLLED PATIENT FORM - FORM # 401

This form is completed whenever a previously enrolled participant re-enrolls in the FHN trial. You will need to fax this form to the DCC (216-445-2781) in order for it to be entered into the database. Fax only Form 401 to the DCC.

1. Participant ID Number						2. Alpha Code		

3. Date dropped:..... (dd/mon/yyyy) \_\_\_/\_\_\_/\_\_\_

*Before faxing this Form 401 to the DCC, you must have the following forms fully completed and ready to re-enroll: 100/110, 202,206, 273, and 274.*

*Identify the date these new forms were completed:*

4. a. Form 100/110 completed date:..... (dd/mon/yyyy) \_\_\_/\_\_\_/\_\_\_

b. Form 202 completed date:..... (dd/mon/yyyy) \_\_\_/\_\_\_/\_\_\_

c. Form 206 completed date:..... (dd/mon/yyyy) \_\_\_/\_\_\_/\_\_\_

d. Form 273 completed date:..... (dd/mon/yyyy) \_\_\_/\_\_\_/\_\_\_

e. Form 274 completed date:..... (dd/mon/yyyy) \_\_\_/\_\_\_/\_\_\_

5. Date re-enrolled: ..... (dd/mon/yyyy) \_\_\_/\_\_\_/\_\_\_  
(Use visit date from the Form 100/110)

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

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

**For DCC Use Only:**

**Date received at the DCC (dd/mon/yyyy):** \_\_\_/\_\_\_/\_\_\_

**Username of DCC person entering this form:** \_\_\_\_\_