

Frequent Hemodialysis Network CONSORTIUM CORE FORM - #605

Instructions: Please complete this form for your Consortium Core. Names of each study facility have been provided to the Data Coordinating Center (DCC) and a specific number assigned to each. If you do not see the name of the facility you want, contact the DCC.

A Form 601 should be completed for each participating clinical center. A separate form, Form 602 should be completed for each biochemistry laboratory used to process lab specimens and provide results for the FHN study. Complete a Form 602 for each Holter lab used in the Daily Study. Cardiac MRI Facility information is on Form 604.

The information provided on this form and Forms 600, 601, 602, 603 and 604 links all other facility and staff .

All updates for your core should be made on this form. (For updates to individual staff members, use Form 600 to update pertinent information.)

Form updates will be forwarded to the DCC for various reports and address directory. For names, the computer will store 30 upper case characters.

Section 1: Core Consortium Information

1. Name of this Consortium..... _____
(Use list of values to pull up the name and number of the facility)

2. Facility Mailing Address: (required)

a. Line 1: _____

b. Line 2: _____

c. Line 3: _____

d. Line 4: _____

e. City/Town: _____

f. State/Province: _____

g. Zip/Postal Code: _____

h. Country: (1=U.S., 2=Canada)..... _____

3. Federal Express Shipping Address: (required)

a. Line 1: _____

b. Line 2: _____

c. Line 3: _____

d. Line 4: _____

- e. City/Town:
- f. State/Province:
- g. Zip/Postal Code:
- h. Country: (1=U.S., 2=Canada).....
- i. Telephone number:

IRB Information

- 4. Date protocol submitted to IRB:.....(dd/mon/yyyy) _ _ / _ _ _ _ / _ _ _ _
- 5. IRB Assurance #(Example: FWA 0000####) _ _ _ _ _ _ _ _ _ _
- 6. Date of IRB approval of main protocol:(dd/mon/yyyy) _ _ / _ _ _ _ / _ _ _ _

(Send one blank copy of the approved consent form and one copy of the IRB approval letter to 1. the Data Coordinating Center and 2. the NIDDK repository)

- 7. Date of submission of repository consent to NIDDK(dd/mon/yyyy) _ _ / _ _ _ _ / _ _ _ _
- 8. Date of IRB approval for collection of repository biologic specimens:(dd/mon/yyyy) _ _ / _ _ _ _ / _ _ _ _
- 9. Date of approval by NIDDK.....(dd/mon/yyyy) _ _ / _ _ _ _ / _ _ _ _

SECTION 2. Personnel Linkage The table in this section links all the facility and staff forms. Please review the instructions thoroughly before trying to complete this section as this table provides the important links to other study forms that have already been entered.

A Form 600 must already be entered in the database for this person in order to complete this table.

- 200. Staff member's last name: Type in the last name of the staff member you want linked to this site.
- 201. Staff member's first name: Type in the first name of the staff member.
- 202. Staff ID number: This number will automatically populate this column once Q200 and 201 are entered. You can use this id number to query up an individual if you need to update any roles.

203. Role. Use the responses below to identify this individual's primary role at this core.
- | | |
|---|-----------------------------------|
| 01=Consortium Core Principal Investigator | 10=Dialysis Unit Medical Director |
| 02=Clinical Center Principal Investigator | 11=Dialysis Unit Nurse |
| 03=Co-Investigator | 12=Dialysis Unit Staff Member |
| 04=Consortium Core Study Coordinator | 13=Lab Technician |
| 05=Study Coordinator | 14=Supervising Lab Technician |
| 06=Study Nurse (other than coordinator) | 15=Billing Staff Member |
| 07=Supervising Cardiac MRI Physician | 16=Data entry |
| 08=MRI Technician | 17=MRI facility Administrator |
| 09=Holter Technician | |
204. Staff member status: Use the following responses to record this person's status on the study.
- 1=Active (individual is actively participating as a member of the FHN study team)
 - 2=Inactive (individual is no longer part of the FHN study team, no longer employed at this dialysis unit, etc.)
205. Date of staff member status: Provide the date when the staff member status changed using dd/mon/yyyy format.
206. Express shipping address: Use the following responses to provide the appropriate address to be used to ship items to this addressee.
- 1=Use this individual's shipping address provided on Form 600.
 - 2=Use this unit's shipping address identified above in Item 3.
 - 3=Use this unit's clinical center address identified on Form 603.
207. Mailing address: Use the following responses to provide the appropriate address to be used to ship items to this addressee.
- 1=Use this individual's mailing address provided on Form 600.
 - 2=Use this unit's mailing address identified above in Item 2.
 - 3=Use this unit's clinical center address identified on Form 603.

Last Name (200)	First Name (201)	Staff ID # (202)	Role in Study (203)	Staff Status (204)	Status Date (205)	Express Address (206)	Mailing Address (207)

Codes:

203.Role. Individual's primary role at this unit.

- | | |
|---|-----------------------------------|
| 01=Consortium Core Principal Investigator | 10=Dialysis Unit Medical Director |
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| 07=Supervising Cardiac MRI Physician | 16=Data entry |
| 08=MRI Technician | 17=MRI facility Administrator |
| 09=Holter Technician | |

204. Staff member status: 1=Active, 2=Inactive

206. Express shipping address: 1=Use this individual's shipping address provided on Form 600, 2=Use this center's shipping address identified in Item 3.

207. Mailing address: 1=Use this individual's mailing address provided on Form 600, 2=Use this center's mailing address identified in Item 2.