



Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* HALT PKD ID number, clinical center ID, and visit number.

Participant ID: \_\_\_\_\_ *haltid* Clinical Center: \_\_\_\_\_ *clinic*

visit: SAE # \_\_\_\_\_ *saenum*

### HOSPITALIZATION ADJUDICATION FORM

Form # 125

### HALT PKD COMMITTEE ADJUDICATION

Date of Admission ____/____/____ <i>hpam</i> Month <i>hpad</i> Day <i>hpay</i> Year	Date of Discharge ____/____/____ <i>hpdm</i> Month <i>hpdd</i> Day <i>hpdY</i> Year	Length of Stay _____ (calculated)
Event Category _____ <i>ncateg4</i>	<i>categorydisputed</i> Adjudicator disputes category	1 <input type="checkbox"/> disputes
Event Term _____ <i>nspecc4</i>	<i>termdisputed</i> Adjudicator disputes event term	1 <input type="checkbox"/> disputes
Severity Grade _____ <i>ngrade4</i>	<i>gradedisputed</i> Adjudicator disputes severity grade	1 <input type="checkbox"/> disputes

#### Diagnosis

#### PKD Related

			Definitely	Probably	Possibly	Unlikely	Not Related	UNKN
Primary Diagnosis _____	ICD-9 Code: _____ <i>icd1</i>	PKD Related <i>pkd1</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Diagnosis _____	ICD-9 Code: _____ <i>icd2</i>	PKD Related <i>pkd2</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tertiary Diagnosis _____	ICD-9 Code: _____ <i>icd3</i>	PKD Related <i>pkd3</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Diagnosis _____	ICD-9 Code: _____ <i>icd4</i>	PKD Related <i>pkd4</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Diagnosis _____	ICD-9 Code: _____ <i>icd5</i>	PKD Related <i>pkd5</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Procedures

#### PKD Related

Procedure #1 _____	CPT Code: _____ <i>cpt1</i>	PKD Related <i>pkd6</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedure #1 _____	CPT Code: _____ <i>cpt2</i>	PKD Related <i>pkd7</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AKI associated with admission?  Yes  No  Unknown *associatedAKI*

COMMENTS: *comments* \_\_\_\_\_

Please have the Project Coordinator review the comments.

Please have an additional adjudicator review this.  *requestAdjudication*

Reviewed by Study Investigator: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*pism* Month *pisd* Day *pisy* Year