HEMO Study Form 8. Documentation Folder Mailing Form

The data on this form will be key-entered and used as the first page of a Hospitalization or Death Documentation Folder which the DCC will send to the Outcome Review Committee. These folders are assembled for all deaths, for first cardiovascular or infection hospitalizations at each center, and for other hospitalizations selected by the DCC. Be sure to keep a copy of all information sent in the folder in the patient's HEMO Study file.

1.   Patient Identification Number...__ __ __ __ __ __

2.   Patient Name Code ....__ __ __ __

3.   Date of Death (or documented hospitalization)............................ __ __/__ __/__ __ __ __

4.   Is this a: 1=completely documented hospitalization only; 2=death only; or 3=death occuring during a hospitalization? (If 1, skip to question 10) ....__

Note: Form 17 includes a summary from the Principal Investigator explaining the
          circumstances surrounding the death. Note that if the details in this summary do not
          agree with the hospital notes and other medical notes in the folder, the PI needs
          to indicate in the description the reasons for discrepancy.

A photocopy of selected portions of the medical record that support the Principal Investigator's classification of death is encouraged.

5.   (**Required**) Have you key-entered a completed copy of Form 17, the Clinical Center Death Review Form, that states the coded cause of death and whether the death was thought to be due to treatment? (0=No, 1=Yes)   __

6.   (**Required** if form 17 item 7b = yes) If the event leading to death began during a
          dialysis treatment, have you sent a photocopy of the dialysis run sheet from
          that treatment?. (0=No, 1=Yes) ....__

7.   A photocopy of the HCFA Death Form? (0=No, 1=Yes)..__

8.   (**Required** if form 17 item 8 = yes) A photocopy of the Autopsy Report ....__

9.   Other death documentation, such as photocopies of medical record pages?....................__
          (0=No, 1=Yes)

10.   If the patient died during hospitalization or if you are doing a completely documented
       hospitalization: (0=No, 1=Yes)

       a.   Photocopy of the Discharge Summary (**required**)...__

       b.   Have you key-entered a completed copy of Form 14, the Clinical Center
                 Hospitalization Review Form, that includes whether the hospitalization
                 was thought to be due to treatment? ....__

       c.   Status of Form 41, which includes the ICD 9 and DRG codes?
                 (0=No, not yet available, 1=Yes , already entered) ....__

201.   Date this form completed... __ __/__ __/__ __ __ __

202.   Certification number of person completing this form...................................__ __ __ __ __

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 │   Clinical Center Use Only                                             │
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 │       Data Form Entered  __ __/__ __/__ __ __ __        Verified?      │
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 │       Person Entering this Form                                        │
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