

HEMO Study Form 13. Clinical Center Hospitalization Notification Form

This form is completed within one week after a patient is hospitalized.

- 1. Patient Identification Number. _____
- 2. Patient Name Code _____
- 3. Date of Hospital Admission ____/____/____
- 4. Is the patient still in the hospital? (0=No - Discharged, 1=No - Died, 2=Yes, still in hospital) _____

FOR HOSPITALIZATIONS OCCURRING IN THE FOLLOW-UP PERIOD:
Remember to complete a Form 14, Clinical Center Hospitalization Review Form, within two weeks after the patient is discharged. If a randomized patient leaves a HEMO Center, it is no longer necessary to track his/her hospitalizations, even if the patient stays in the local geographic area. (For hospitalizations occurring in the Baseline period, you only need to enter this Form 13.)

For patients who are being hospitalized for a transplant, do not enter Form 13 until the patient has been discharged.

- 5. Was this hospitalization done for a renal transplant? (0=No, 1=Yes). _____
- 201. Date this form completed ____/____/____
- 202. Certification number of person completing this form _____

| | |
|----------------------------------|-----------------|
| Clinical Center Use Only | |
| Data Form Entered ____/____/____ | Verified? _____ |
| Person Entering This Form _____ | |