

HEMO Study Form 19. Stop Point or Loss to Routine Follow-Up Documentation Form

- 1. Patient Identification Number....._____
- 2. Patient Name Code....._____
- 3. Date of stop point or loss to follow-up..... __/__/_____

For a stop point, complete items 4a and b. For losses to Follow-Up, complete items 5 to 9.
Stop Point

- 4. a. Safety Stop Point: Was there evidence of inadequate dialysis despite achievement of Kt/V goal, i.e., Kt/V in range by four-month running mean (0=no, 1=yes) __
Explain reasons for declaring stop point on Page 2.
- b. Have you mailed any new source documents to the DCC to document this? (0=no, 1=yes) __

Losses to Follow Up

- 5. Has the patient had a transplant? (0=no, 1=yes)..... __

Which of the following other losses to routine Follow-Up (Items 6, 7, and 8) would you like to document? Code as follows:

- 0 = No
- 1 = Yes, due primarily to access failure
- 2 = Yes, due primarily to patient preference
- 3 = Yes, due primarily to physician recommendation

- 6. Change in modality to CAPD or CCPD?..... __
- 7. Change to home hemodialysis?..... __
- 8. Transfer to facility not in the study?..... __
- 9. Has the patient permanently changed residence? (0=no, 1=yes) __
- 201. Date this form completed..... __/__/_____
- 202. Certification number of person completing this form..... _____

For DCC Use Only:

100. If 4b = yes, date new source documents were received ___/___/_____

101. Reviewer assigned _____

102. Date sent to reviewer ___/___/_____