

HEMO Study Form 20
Outcome Committee Safety Stop Point Review Form

The HEMO Safety Stop Point is evidence of inadequate dialysis despite achievement of Kt/V goal, with achievement of Kt/V goal defined by being in range on the four-month running mean.

This form is to be completed by one member of the Outcome Committee by reviewing the Stop Point Report prepared by the DCC. If he or she disagrees with the Principal Investigator, it will be referred to the Outcome Committee chair or his designee.

1. Patient Identification Number....._____
2. Patient Name Code....._____
3. Date Stop Point Declared..... ___/___/_____
4. First initial and first seven letters of reviewer's last name....._____
5. Have these conclusions been reached by the initial Outcome Committee reviewer, or by the Outcome Committee Chair (or his designee)?
(1=initial reviewer, 2=Chair/designee).....___
6. Result of review.....___
 1 = Yes, this was inadequate dialysis despite achievement of Kt/V goal
 2 = Inadequate documentation
 3 = No, this was not a stop point because there was not achievement of Kt/V goal
 4 = No, this was not a stop point because there was not inadequate dialysis

(Please put comments on page 20.2.)

Explanation of review of the safety stop point. Write in as much as you wish. Use additional pages if necessary. This will be key-entered, but need not be re-key verified.

201. Date this form completed ____ / ____ / ____
202. Certification number of person completing this form (use Study Coordinator's certification number) _____

Clinical Center Use Only	
Data Form Entered ____ / ____ / ____	Verified? _____
Person Entering this Form _____	