

**HEMO Study Form 28. Annual Follow-Up
For Randomized, Transplanted Patients**

This form should be completed for randomized, transplanted patients every year, at the time of the patient's regularly scheduled annual follow-up visit from the patient follow-up appointment schedule.

1. Patient Identification Number....._____

2. Patient Name Code....._____

3. Visit Date __/__/_____

4. Visit Type E

5. Month Number _____

6. Vital Status (0=dead, 1=alive, 9=unknown)..... _____
If a *randomized, transplanted patient* is dead, complete Form 16. If the patient's vital status is unknown, check with your state's department of vital statistics.

7. Dialysis Status..... _____
Patient is:
0 = Dead
1 = Alive and not on dialysis (Transplant is still functioning)
2 = Alive and currently on in-center hemodialysis at a HEMO Study unit
3 = Alive and currently on in-center hemodialysis at a non-HEMO Study unit
4 = Alive and currently on home hemodialysis
5 = Alive and currently on CAPD
6 = Alive and currently on CCPD
9 = Known to be alive, but dialysis status is unknown

201. Date this form completed __/__/_____

202. Certification number of person completing this form _____

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