

HEMO Study Form 38: Adherence Committee Review Form

(To be completed by Adherence Committee member based on a Form 23 or Form 24 completed by a Clinical Center assigned to the reviewer.)

1. Patient Identification Number. _____

2. Patient Name Code _____

3. Is the most recent non-adherence form a Form 23 or a Form 24? _____

4. Date of completion of Form 23/24 (mm/dd/yy) ____/____/____

5. Date of review by Adherence Committee member (mm/dd/yy) . ____/____/____

6. Adherence Committee member (first initial and first seven letters of reviewer's last name) _____

7. Please specify the primary reason for nonadherence of this patient. ____

- 1 = Symptoms (other than fluid overload) that the treating physician thinks may respond to a change in therapy
- 2 = Symptoms (other than fluid overload) that the patient thinks may respond to a change in therapy
- 3 = Hydrodynamic instability (e.g., fluid overload) due to UF rate
- 4 = Access difficulties
- 5 = Patient unwillingness to change therapy unrelated to symptoms
- 6 = Physician unwillingness to change therapy unrelated to symptoms
- 7 = Accidental error in implementing the DCC prescription, or PI believes the DCC prescription in error
- 8 = Other

8. Did the reviewer contact the Clinical Center to discuss this patient? (0=no, 1=yes) _____

9. Additional comments by the reviewer:

201. Date this form completed __/__/____

202. Certification number of person completing this form _____

<p>Clinical Center Use Only</p> <p>Date Form Entered __/__/____</p> <p>Person Entering This Form _____</p>
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