F506

Hemodialysis Fistula Maturation Study
Withdrawal of Consent or Lost to Follow Up (Form # 506)

This Form should be completed by a study coordinator when a patient withdraws consent for further study participation, data collection and contact. This form should be completed only if the participant has requested that there not be any further study-related activity. The Form should also be completed by DCC staff at the end of study data collection to document last date of contact for patients lost to follow up after completion of maturation assessment.

1. Identification Number PID 2. Alphacode AC 3.Visit Number VISIT 4. Date of most recent (or last) patient contact: mm/dd/yyyy VISIT_DT

5. Patient has withdrawn consent for any further contact and data collection or was lost to follow up after maturation assessment was completed.
(0=no, 1=patient withdrew consent, 2=patient was lost to follow up)..... WITHDRAW

6. Date the patient formally withdrew consent per IRB or was lost to follow up. (mm/dd/yyyy) ..... LAST_CONTACT_DT

7. Describe in detail what happened in the text field below. Use the back of this sheet too.
COMMENTS

200. Date this form completed (mm/dd/yyyy) ..... COMP_DT

201. Username of person completing/reviewing completeness of this form.....COMP_USER

Clinical Center Use Only

Date Form Entered (mm/dd/yyyy) __ __/__ __/__ __ __ __ ENTER_DT

Username of person entering this form __ __ __ __ __ __ __ ENTER_USER