

HEMO Study Form 42. Hospitalizations found in the USRDS database that are not part of the HEMO database

This form should be completed by the study coordinator for each hospitalizations found in the USRDS database that will never be part of the HEMO database

- 1. Patient Identification Number. _____
- 2. Name Code _____
- 3. Date of USRDS Admission (from USRDS Listing). ____/____/_____
- 4. Why was this hospitalization not entered into the HEMO Database? ____
 - 1 = This was considered to be a rehab hospitalization
 - 2 = This did not exactly meet the definition of a HEMO hospitalization because it was not really an overnight hospitalization.
 - 3 = This is actually part of one longer HEMO hospitalization.
 - 4 = The dates are slightly off from the dates of the HEMO hospitalization.
 - 5 = We believe that this hospitalization occurred, but despite our best efforts, we are unable to obtain any details about it.
 - 6 = Despite our best efforts, we cannot tell whether this hospitalization occurred or not.
 - 7 = This was considered to be a transplant hospitalization.
 - 9 = We are confident that this patient was NOT in the hospital at this time. (This record may be for some other patient.)
- 201. Date this form completed ____/____/_____
- 202. Certification number of HEMO staff member who reviewed the form _____

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