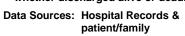


Complete this form:

FAX (1-888-437-4767)

• For all hospitalized patients whether discharged alive or dead.





Notification of Hospital Discharge

page 1 of 1

	FAX to CTC within 24 hours: 1-888-437-4767
1. date40	Date of Final Hospital Discharge: (includes transfers) (month) (day) (year) Patient ID: patid40 (chk) (acrostic) patacr40 patsit40 patnum40 patchk40
lisp40 2.	Disposition: (check one only) 1 O Home
	 Nursing Home Rehabilitation Died Other:
3.	Final Diagnosis for Initiating Event Prompting Hospitalization 1 O Presumed or Suspected Cardiac Arrest (i.e., CA could not be ruled out)
diag40	Complete the Hospitalization form or AED (i.e. PAD study related) effect
	What was the final diagnosis? Were any Adverse Events related to volunteer activities uncovered during hospitalization? (e.g., rib fractures, hemothorax, pneumothorax, head trauma, etc) vadvev40 Vadvev40 No — Do not complete the Hospitalization form
4. nfcon40	a) Was informed consent obtained before discharge? 1 ○ Yes → Complete the Patient Information Sheet and FAX as soon as possible to the CTC 2 ○ No. Patient/Femily refused to participate
	2 ○ No, Patient/Family refused to participate 3 ○ No → Other Reason: whynt140
ptinfo40	b) Was the Patient Information Sheet completed? Whynt240 O Yes O No
	c) Was a "Release of Medical Records" form signed? O Yes O No d) Was a "Release of Billing Records" form signed? O Yes O No (Please collect an itemized copy of the hospital bill and mail it to the CTC)
	Code40 For CTC Use Only Signature of person filling out this form Code Number NOTEDC Version 02.00 12/21/00