Patient Registry Status

Please use this form to record the date of transfer if a patient transfers their care to another hospital. Also, use this form if a patient revokes their informed consent.

Transferred care to another hospital (patient followed exclusively at another hospital).*   YES   NO

Date transferred care:*   mm/dd/yyyy   ST=

PLEASE READ:
Before a date of transfer can be entered, all prior forms must be completed. If the patient is transferred (and re-consented) to another INTERMACS hospital, then that hospital will have "read only" access to the pre-transfer records.

Patient widthdraws consent and therefore no more clinical data is to be collected.*   YES   NO

Date withdrawn:*   mm/dd/yyyy   ST=