

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
HOMEMED PROVIDER SOLUTIONS ORDER FORM # 86**

This form is used to order medications for AASK Cohort Study participants from HomeMed Provider Solutions. Please complete this form, key enter it into the AASK Cohort Study database, fax it to HomeMed at 1-800-307-4547, and file the original. When you dispense these bottles to an AASK Cohort Study patient, complete Form 105.

- 1. AASK Clinical Center Number CC-N
- 2. Date of Order (mm/dd/yyyy) 1/1/01 ord-dt

Drug	Strength	ID	Number of Bottles Needed
3. Carvedilol	6.25 mg	HomeMed number B 0 787 - 100 CC	<u>Car 625</u>
4. Carvedilol	12.5 mg	HomeMed number B 0 788 - 100 CC	<u>CAR125</u>
5. Carvedilol	25 mg	HomeMed number B 0 789 - 100 CC	<u>CAR25</u>
6. Ramipril	2.5 mg	HomeMed number B 0 180 - 100 CC	<u>RAM25</u>
7. Ramipril	5 mg	HomeMed number B 0 181 - 100 CC	<u>RAM5</u>
8. Ramipril	10 mg	HomeMed number B 0 182 - 100 CC	<u>RAM1</u>
9. Tiazac/Diltiazem	180 mg	HomeMed number B 73 47 090 CC	<u>TD18</u>
10. Tiazac/Diltiazem	240 mg	HomeMed number B 73 48 090 CC	<u>TD24</u>
11. Tiazac/Diltiazem	360 mg	HomeMed number B 73 45 090 CC	<u>TD36</u>

100. Message to HomeMed (The message will not be key entered.):

- 200. Date this form completed (mm/dd/yyyy) 1/1/01 COMP-DT
- 201. Certification ID of person completing this form COMP-BY

For Clinical Center Use Only:

Certification ID of person entering this form: _____

Date Entered: ___/___/___