

C - PILL - DISPENSE

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
PILL DISPENSING FORM # 105**

Some AASK Cohort Study antihypertensives can be ordered centrally from PCA using Form 86. Complete and enter this form whenever you give centrally distributed drug to an AASK Cohort Study participant.

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1. Identification Number...

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2. Name Code...

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3. Visit Number...

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4. Date of Visit: mm/dd/yyyy...

Drug	Strength	NDC#	Number of Bottles Dispensed
<i>GLAXO Smith Kline</i> 5. Carvedilol	6.25 mg	NDC# 00007414020 (BB) Coreg	CAR 625
6. Carvedilol	12.5 mg	NDC# 00007414120 (BB)	CAR 25
7. Carvedilol	25 mg	NDC# 00007414220 (BB)	CAR 25
<i>King March</i> 8. Ramipril	2.5 mg	NDC# 06157011101 (ACE) Altace	RAM 25
9. Ramipril	5.0 mg	NDC# 06157011201 (ACE)	RAM 5
10. Ramipril	10.0 mg	NDC# 06157012001 (ACE)	RAM 1
<i>Forest</i> 11. Tiazac/Diltiazem	180 mg	NDC# 00456261390 (CCB/Vasodilator) Cardizem	TD 18
12. Tiazac/Diltiazem	240 mg	NDC# 00456261490 (CCB/Vasodilator)	TD 24
13. Tiazac/Diltiazem	360 mg	NDC# 00456261690 (CCB/Vasodilator)	TD 36

200. Date this form completed (mm/dd/yyyy) / / COMPL - DT

201. Certification ID of person completing this form COMPL - BT

For Clinical Center Use Only:

Certification ID of person entering this form: _____

Date Entered: ____/____/____