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AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK STUDY
RE-INTRODUCTION OF AASK STUDY MEDS AFTER A STOP POINT HAS BEEN APPROVED FORM # 33

*NO rekey

This form is to be complete if, after a patient goes off AASK Study meds for a Clinical Management Committee approved stop point, the patient's condition changes such that the patient can resume AASK Study meds. (Note: After this form is submitted, the DCC will resume monitoring Action Item 3.) No re-key is required since most of this form is text.

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1. Identification Number.....	2. Name Code.....	3. Date of resuming randomized meds (mm/dd/yyyy).....

RE_INTRO_RAND

4. Date Stop Point for blinded medications was declared (mm/dd/yyyy) . . . . . __ __/__ __/__ __ __ __ SP_dt

5. Was the center unblinded? (0=no, 1=yes) . . . . . _ unblind

6. Which AASK Study blinded medication does the clinical center staff believe the patient is going back on? (1=ACE, 2=Beta Blockers, 3=Calcium Channel Blockers, 9=couldn't tell) . . . . . _ CC_bl_med

7. Comments of clinical center. Please enter at least one sentence describing why the patient can be back on the AASK Study meds. (Key enter but do not rekey verify.)

CC_cmt

Certification

201. Certification ID of person completing this form . . . . . __ __ __ __ __ __ __ __ Compl_by

202. Certification ID of person entering this form . . . . . __ __ __ __ __ __ __ __ enter_by

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For Clinical Center Use Only

Date Entered __ __/__ __/__ __ __ __ **Verified?** _____