

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK STUDY
RANDOMIZATION FORM # 52

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1. Identification Number.....

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2. Name Code.....

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3. Date of Randomization:
mm/dd/yy..... RAND-DT

4. Did the patient sign a secondary informed consent for randomization, or did a staff member have a sincere discussion as an informal secondary consent procedure? Consent
1=Secondary consent form signed
2=Sincere discussion held
3=Neither

5. Certification ID of person who either witnessed the secondary consent or had the sincere discussion witness-cert-n

6. Date of consent or sincere discussion / / dt-consent
can have sincere discussion at 6th visit but before randomization

Random Assignments:

7. Blood pressure control group assignment bp-goal
L=Low MAP Goal (< 92)
M=Moderate MAP Goal (102-107)
will be populated upon verification of Form

200. Certification ID of person performing the randomization .. compl-by

For Clinical Center Use Only

Date Entered / /

Verified?

RANDOMIZATION