

CAVOR/A RANDOMIZATION ELIGIBILITY

FORM CODE: REL VERSION: D 03/03/05 Reduction in Transplantation TO NUMBER: CONTACT OCCASION: 0 1 SEQUENCE NUMBER: 0 0 PATIENT LAST NAME: CONTACT OCCASION: 0 1 SEQUENCE NUMBER: 0 0 PATIENT LAST NAME: FIRST/MIDDLE INITIALS: SINSTRUCTIONS: 1) FOR SCREENING/BASELINE COMBO - ALL BASELINE FORMS MUST BE ENTERED (MSR, PHC, PHP AND RPC) PRIOR TO COMPLETION OF THIS FORM 2) FOR THE SIMPLE SCREENING - PARTICIPANT MUST BE PRESENT TO COMPLETE THIS FORM Randomization Visit Form: Eligibility (RELD Screen 1 of 9) A. ELIGIBILITY CRITERIA Yes No [Determined by DMS] 1. Is FAVORIT laboratory's screening total homocysteine (thcy) level above the eligibility cut point? YN REL4 [Determined by DMS] 2. Is FAVORIT laboratory's screening creatinine clearance level above the eligibility cut point? YN REL5 3. Age 35-75 years old: YN REL5 4. Current kidney graft in place 6-months or longer: YN REL7A	FORM:	
PATIENT LAST NAME: INSTRUCTIONS: 1) FOR SCREENING/BASELINE COMBO - ALL BASELINE FORMS MUST BE ENTERED (MSR, PHC, PHP AND RPC) PRIOR TO COMPLETION OF THIS FORM 2) FOR THE SIMPLE SCREENING - PARTICIPANT MUST BE PRESENT TO COMPLETE THIS FORM Randomization Visit Form: Eligibility (RELD Screen 1 of 9) A. ELIGIBILITY CRITERIA Yes No (Determined by DMS) 1. Is FAVORIT laboratory's screening total homocysteine (tHcy) level above the eligibility cut point? Y N REL4 (Determined by DMS) 2. Is FAVORIT laboratory's screening creatinine clearance level above the eligibility cut point? Y N REL5 3. Age 35-75 years old: Y N REL6 4. Current kidney graft in place 6-months or longer: Y N REL7A		03/03/05
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(tHcy) level above the eligibility cut point?		
2. Is FAVORIT laboratory's screening creatinine clearance level above the eligibility cut point? 3. Age 35-75 years old:	-	
clearance level above the eligibility cut point?	1. Is FAVORIT laboratory's screening total homocysteine	n REL4
4. Current kidney graft in place 6-months or longer:	1. Is FAVORIT laboratory's screening total homocysteine (tHcy) level above the eligibility cut point? Y	n REL4
	1. Is FAVORIT laboratory's screening total homocysteine (tHcy) level above the eligibility cut point?	DELE
If "No", to either 1 through 4, patient is NOT eligible; go to item 23	1. Is FAVORIT laboratory's screening total homocysteine (tHcy) level above the eligibility cut point?	N REL5
If "No", to either 1 through 4, patient is NOT eligible; go to item 23	1. Is FAVORIT laboratory's screening total homocysteine (tHcy) level above the eligibility cut point? Y [Determined by DMS] 2. Is FAVORIT laboratory's screening creatinine clearance level above the eligibility cut point? Y 3. Age 35-75 years old: Y	N REL5
If "No", to either 1 through 4, patient is NOT eligible; go to item 23	1. Is FAVORIT laboratory's screening total homocysteine (tHcy) level above the eligibility cut point? Y [Determined by DMS] 2. Is FAVORIT laboratory's screening creatinine clearance level above the eligibility cut point? Y 3. Age 35-75 years old: Y	N REL5
	1. Is FAVORIT laboratory's screening total homocysteine (tHcy) level above the eligibility cut point? Y [Determined by DMS] 2. Is FAVORIT laboratory's screening creatinine clearance level above the eligibility cut point? Y 3. Age 35-75 years old: Y	N REL5
	1. Is FAVORIT laboratory's screening total homocysteine (tHcy) level above the eligibility cut point?	N REL5
	1. Is FAVORIT laboratory's screening total homocysteine (tHcy) level above the eligibility cut point?	N REL5

Randomization Visit Form: Eligibility (RELD Screen 2 of 9) <u>Yes</u> No 5. Has the participant had any transplants other than kidney or _N |RELC5 kidney-pancreas?.....Y If "YES", patient is NOT eligible; go to item 23 6. Did the patient use any vitamin supplements (multivitamin, B-group vitamins, or individual vitamins) containing folic acid REL8 ("folate"), vitamin B6, or vitamin B12 during the past 4 weeks?..... Y If "Yes", patient is NOT eligible; go to item 23

ID	CO	Seq No
		<u> </u>

Randomization Visit Form: Eligibility (RELD Screen 3 of 9)

	<u>Yes</u>	<u>No</u>
7.	Are there any of the following end stage or progressive conditions deemed to affect 2 year survivability.	
	a. Cancer Y*	N REL9A
	b. End stage congestive heart failure/cardiomyopathy Y*	n REL9B
	c. End stage liver disease Y*	N REL9C
	d. End stage pulmonary disease Y*	N REL9D
	e. Progressive HIVY*	N REL9E
	f. Any other chronic wasting illnessY*	N REL9F
	*If "Yes" patient is NOT eligible; go to item 23	

Randomization Visit Form: Eligibility (RELD Screen 4 of 9)	
8. Sex: M Male — Go to item 12 REL10	
F Female	
9. Is the patient Yes	<u>No</u>
a. Pregnant?Y*	N REL11A
b. Lactating?Y*	N REL11B
*If "Yes", patient is NOT eligible; go to item 23	
10. Is the patient of childbearing potential?Y	N — Go to REL12
11. Is the patient currently using birth control?Y	N REL13
If "No", patient is NOT eligible; go to item 23	

ID	CO	Seq No
		<u> </u>

Randomization Visit Form: Eligibility (RELD Screen 5 of 9)

12. Are there other conditions that prevent reliable participation in the study:		
<u> </u>	<u>Yes</u>	<u>No</u>
a. Refractory depression	Υ*	N REL14A
b. Severe cognitive impairment	Y*	N REL14B
c. Alcoholism or other substance abuse	Υ*	N REL14C
13. Is the patient currently participating in any other study specifically involving cardiovascular disease risk factor management?	Y*	N REL15
14. Has the patient experienced a myocardial infarction (MI), stroke, percutaneous revascularization procedure (i.e., coronary, cerebrovascular, or lower extremity), or lower extremity amputation within the past 3 months?	Υ*	N REL16
*IF "Yes", patient is NOT eligible; go to item 23		

Randomization Visit Form: Eligibility (RELD Screen 6 of 9)

Randomization visit form: Eligibility (RELD Screen 6 of 9)	
<u>Yes</u>	<u>No</u>
15. Has the patient had coronary artery bypass graft, abdominal aortic aneurysm repair or carotid endarterectomy within the past 6 months?	_N REL17
II leb / pacient ib Noi cirgible, go to reem 25	
16. Since screening exam, has patient been hospitalized for renal graft dysfunction, or been told by their physician that their renal graft function has deteriorated?	N REL18
17. Has patient returned to dialysis-dependence?	N REL19
18. Is the randomization contact being conducted by telephone?	N RELD18

ID	CO	Seq No
Rando	omization Visit Form: Eligibility ((RELD Screen 7 of 9)
B. RANDOMIZATION		
		See rand_derv_niddkv1
19. Date of randomization:		for final date of RELB20
	Month Day Year	randomization
20. Do you want to randomize	this matient?	
Y Yes	, child paston.	ı
		(
N No — Go to	o item 23	REL20
	determine participant age. If th lomization the participant is NOT e	
will determine	the number of days from screening If this is > 120 days the partici	to date of
	y Report for results)	pane 18 Not Clagation
		See rand_derv_niddkv
Rand	lomization Visit Form: Eligibility	(RELD Screen 8 of 9) for final date of
The DMS has identified a dis	screpancy between the date of rand	omization entered randomization
in item 18 and the computer (date the DMS will be assign	date. Please confirm the date of ning the bottle code).	randomization If confirmed date
		of randomization matches computer
21a. Confirmation of date o		date, skip to item
	Month Day	Year 21c. RELB22A
_	grees with the "Computer Date". Ex	
	t the DCC immediately following co	mpletion of the REL24B
21c. Do you want to randomi	ze this patient?	RELB22C
Y Yes		INLLUZZO
N NO — Go to	o item 23	
Rand	domization Visit Form: Eligibility	(DEID Gameen 0 of 0)
[Determined by DMS]	10M1Zation visit roim. Bilgiblic,	(RELD Screen 5 OI 5)
22. Bottle code assigned by	Data Management System:	REL21
C. ADMINISTRATIVE INFORMATI		
23. Date of data collection		REL25
	Month Day Year	
24. Method of data collection	on: C Computer	RELD24
	P Paper	
	- ~p~-	
25. Initials of data collect	tor: Blind_staff_II	D
		_
	nized, distribute vitamins and comp	
Distribution Log. For conforms.	clinic randomizations complete all	
	Schedule 6 and 12 Month Follo	w-up Contacts



RANDOMIZATION VISIT FORM:

Olic Acid for Vascul Reduction in Transp								FORM	1 CODE:	REL	VERSION: C	05/08	3/03	
ID NUMBER:					CONT	CACT	000	CASI	ON:		SEQUENCE N	IUMBER:		
PATIENT LAST NAME:										FIRS	T/MIDDLE INIT	TIALS:		

Randomization Visit Form: Eligibility (RELC Screen 1 of 9)

TO COMPLETE THIS FORM PARTICIPANT MUST BE PRESENT A. ELIGIBILITY CRITERIA Yes No [Determined by DMS] 1. Is FAVORIT laboratory's screening total homocysteine (tHcy) level above the eligibility cut point? Y REL4 [Determined by DMS] 2. Is FAVORIT laboratory's screening creatinine clearance 30 mL/min or greater? Y 3. Age 35-75 years old:..... Y 4. Current kidney graft in place 6-months or longer:..... Y If "No", to either 1 through 4, patient is NOT eligible; go to item 22

Randomization Visit Form: Eligibility (RELC Screen 2 of 9) Yes No 5. Has the participant had any transplants other than kidney or kidney-pancreas?..... Y RELC5 If "YES", patient is NOT eligible; go to item 22 6. Did the patient use any vitamin supplements (multivitamin, B-group vitamins, or individual vitamins) containing folic acid REL8 ("folate"), vitamin B6, or vitamin B12 during the past 4 weeks?..... Y If "Yes", patient is NOT eligible; go to item 22

[D	CO	Seq No

Randomization Visit Form: Eligibility (RELC Screen 3 of 9)

Yes 7. Are there any of the following end stage or progressive conditions deemed to affect 2 year survivability.	<u>No</u>
a. Cancer	_N REL9A
b. End stage congestive heart failure/cardiomyopathyY*	_N REL9B
c. End stage liver disease Y*	N REL9C
d. End stage pulmonary diseaseY*	N REL9D
e. Progressive HIV Y*	N REL9E
f. Any other chronic wasting illness Y*	N REL9F
*If "Yes" patient is NOT eligible; go to item 22	

Randomization Visit Form: Eligibility (RELC Screen 4 of 9)

numachilacton vibit form. Dispibility (NDEC Boroth 1 of 5)	
8. Sex: M Male — Go to item 12	
F Female REL10	
9. Is the patient Yes	<u>No</u>
a. Pregnant?Y*	N REL11A
b. Lactating?Y*	N REL11B
*If "Yes", patient is NOT eligible; go to item 22	
10. Is the patient of childbearing potential? Y	N — Go to item
11. Is the patient currently using birth control? Y	N REL13
If "No", patient is NOT eligible; go to item 22	

ID	CO	Seq No
		<u> </u>

Randomization Visit Form: Eligibility (RELC Screen 5 of 9)

12. Are there other conditions that prevent reliable participation in the study:	
<u>Yes</u>	<u>No</u>
a. Refractory depressionY*	N REL14A
b. Severe cognitive impairment Y*	N REL14B
c. Alcoholism or other substance abuse	N REL14C
13. Is the patient currently participating in any other study specifically involving cardiovascular disease risk factor management?	_N REL15
14. Has the patient experienced a myocardial infarction (MI), stroke, percutaneous revascularization procedure (i.e., coronary, cerebrovascular, or lower extremity), or lower extremity amputation within the past 3 months?	N REL16
*IF "Yes", patient is NOT eligible; go to item 22	

Randomization Visit Form: Eligibility (RELC Screen 6 of 9)

Numacompletion vibit form. Displaining (NDE Belletin v et 2)		
<u>Y</u>	<u>'es</u> <u>N</u>	<u>.o</u>
15. Has the patient had coronary artery bypass graft, abdominal aortic aneurysm repair or carotid endarterectomy within the past 6 months?	Y N	REL17
IF "Yes", patient is NOT eligible; go to item 22		
16. Since screening exam, has patient been hospitalized for renal graft dysfunction, or been told by their physician that their renal graft function has deteriorated?	y n	REL18
IF "Yes", patient is NOT eligible; go to item 22		
17. Has patient returned to dialysis-dependence?	Y N	REL19
IF "Yes", patient is NOT eligible; go to item 22		

Pandomigation Vigit Form, Fligibility (DELC Samon 7 of 9)	
Randomization Visit Form: Eligibility (RELC Screen 7 of 9) B. RANDOMIZATION	
See rand_derv_for final date of randomization: Month Day Year For final date of randomization	niddkv1 RELB20
NOTE: DMS will determine the number of days from screening to date of randomization. If this is > 120 days the patient is NOT eligible. (Se Eligibility Report for results)	
	See rand_derv_niddk\
Randomization Visit Form: Eligibility (RELC Screen 8 of 9)	
The DMS has identified a discrepancy between the date of randomization entered	randomization
in item 18 and the computer date. Please confirm the date of randomization	
(date the DMS will be assigning the bottle code).	If confirmed date
	of randomization matches computer
20a. Confirmation of date of randomization:	date, RFI B22A
Month Day Year	20c. KLLD22A
20h Data in item 20a digagrapa with the NGomputor Data! Employe the	
20b. Date in item 20a disagrees with the "Computer Date". Explain the	REL24B
discrepancy and contact the DCC immediately following completion of the	IVEL24D
participant visit:	
20c. Do you want to randomize this patient?	RELB22C
Y Yes	INLLB22C
N NO — Go to item 22	
Randomization Visit Form: Eligibility (RELC Screen 9 of 9)	
[Determined by DMS] 21. Bottle code assigned by Data Management System:	REL21
C. ADMINISTRATIVE INFORMATION	
22. Date of data collection:	REL25
23. Initials of data collector: Blind_staff_ID	
If participant is randomized,	
distribute vitamins and complete the Vitamin Distribution Lo	g,
complete the Participant Update Form and proceed to Medication Listing/Medication Survey Form	

CO_____

Seq No_____

ID_____



FAVOR/> RANDOMIZATION VISIT FORM: ELIGIBILITY

	lic Acid for Vas Reduction in Tra		: в 11/04/02
I	D NUMBER:	CONTACT OCCASION: 0 1 SEQUEN	NCE NUMBER: 0 0
P.	ATIENT LAST NAM	E: FIRST/MIDDLE	INITIALS:
Α.	DEMOGRAPHICS	Randomization Visit Form: Eligibility (RELB Screen 1 of 10)	
1.	Date of birth:	Month Day Year	
2.	How would you	describe your racial background? If you have a mixed	
		ease indicate all that apply. Yes	<u>No</u>
			DEI 2A
	a. America	n Indian or Alaska Native Y	N INCLEA
	b. Asian.	У	N REL2B
	c. Black of	r African American Y	N REL2C
	d. Native	Hawaiian or Other Pacific Islander Y	N REL2D
	e. White .	Y	N REL2E
			REL1 - 3 Moved
			to SPC 4/11/03
		Randomization Visit Form: Eligibility (RELB Screen 2 of 10)	
3.	Which of the fo	ollowing best describes your ethnic identification:	
	н ні	spanic or Latino	RFI 3
	N Ne	ither Hispanic nor Latino	INZEG
в.	ELIGIBILITY CR	<u>Yes</u>	<u>No</u>
	[Determined by		
4.		oratory's screening total homocysteine bove the eligibility cut point? Y	n REL4
	[Determined by		
5.		oratory's screening creatinine L/min or greater? Y	n REL5
6.	Age 35-75 years	s old:Y	N REL6
	E	If "No", to either 4, 5,or 6, patient is NOT eligible; go to item 24	1

Randomization Visit Form: Eligibility (RELB Screen 3 of 10)	
<u>Yes</u>	<u>No</u>
7a. Current graft in place 6-months or longer: Y	N REL7A
If "No", patient is NOT eligible; go to item 24	
b. Was the graft from a living donor or from a cadaver donor?	RELB7B
L Living related donor	Moved to SPC
U Living unrelated donor	4/11/03
C Cadaver donor	
8. Did the patient use any vitamin supplements (multivitamin, B-group vitamins, or individual vitamins) containing folic acid ("folate"), vitamin B6, or vitamin B12 during the past 4 weeks?	REL8
If "Yes", patient is NOT eligible; go to item 24	
Randomization Visit Form: Eligibility (RELB Screen 4 of 10)	
9. Are there any of the following end stage or progressive conditions deemed to affect 2 year survivability.	<u>No</u>
a. Cancer	N REL9A
b. End stage congestive heart failure/cardiomyopathyY*	_N REL9B
c. End stage liver diseaseY*	N REL9C
d. End stage pulmonary disease Y*	N REL9D
e. Progressive HIV Y*	N REL9E
f. Any other chronic wasting illness	n REL9F
*If "Yes" patient is NOT eligible; go to item 24	
Randomization Visit Form: Eligibility (RELB Screen 5 of 10)	
10. Sex:	
M Male — Go to item 14	REL10
E Esmala	
F Female	
11. Is the patient	
Yes	No DEL 11A
a. Pregnant?Y*	N RELITA
b. Lactating?Y*	N REL11B
*If "Yes", patient is NOT eligible; go to item 24	
12. Is the patient of childbearing potential? Y	N — Go to it REL1
13. Is the patient currently using birth control? Y	N REL13
If "No", patient is NOT eligible; go to item 24	
pr "No", pattent is not eligible; go to item 24	

_____CO_____

Seq No_____

ID____

ID	Seq No
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Randomization Visit Form: Eligibility (RELB Screen 6 of 10)

14. Are there other conditions that prevent reliable participation in the study:	
Yes	<u>No</u>
a. Refractory depressionY*	N REL14A
b. Severe cognitive impairment	N REL14B
c. Alcoholism or other substance abuse	N REL14C
15. Is the patient currently participating in any other study specifically involving cardiovascular disease risk factor management?	_N REL15
16. Has the patient experienced a myocardial infarction (MI), stroke, percutaneous revascularization procedure (i.e., coronary, cerebrovascular, or lower extremity), or lower extremity amputation within the past 3 months?	N REL16
*IF "Yes", patient is NOT eligible; go to item 24	

Randomization Visit Form: Eligibility (RELB Screen 7 of 10)

<u>Yes</u>	<u>No</u>
17. Has the patient had coronary artery bypass graft or abdominal aortic aneurysm repair within the past 6 months?	n REL17
IF "Yes", patient is NOT eligible; go to item 24	
18. Since screening exam, has patient been hospitalized for renal graft dysfunction, or been told by their physician that their renal graft function has deteriorated?	N REL18
IF "Yes", patient is NOT eligible; go to item 24	
19. Has patient returned to dialysis-dependence?	N REL19
IF "Yes", patient is NOT eligible; go to item 24	

Randomization Visit Form: Eligibility (RELB Screen 8 of 10)
C. RANDOMIZATION 20. Date of randomization: Month Day Year See rand_derv_niddkv1 For final date of randomization RELB20 randomization RELB20 randomization RELB20 randomization RELB20 randomization RELB20 R
21. Do you want to randomize this patient? Y Yes REL20
N No — Go to item 24
NOTE: DMS will determine the number of days from screening to date of randomization. If this is > 120 days the patient is NOT eligible. (See Eligibility Report for results)
See rand_derv_niddk
Randomization Visit Form: Eligibility (RELB Screen 9 of 10 for final date of Internation and Internation and Internation and Internation (date the DMS will be assigning the bottle code). If confirmed date
22a. Confirmation of date of randomization:
22b. Date in item 22a disagrees with the "Computer Date". Explain the discrepancy and contact the DCC immediately following completion of the participant visit:
22c. Do you want to randomize this patient? Y Yes RELB22C
$_{ m N}$ $_{ m No}$ — Go to item 24
Randomization Visit Form: Eligibility (RELB Screen 10 of 10)
[Determined by DMS] 23. Bottle code assigned by Data Management System:
D. ADMINISTRATIVE INFORMATION
24. Date of data collection: / / / Par REL25
25. Initials of data collector: Blind_staff_ID If partiant is randomized
If patient is randomized, distribute vitamins and complete the Vitamin Distribution Log, complete the Participant Update Form and proceed to Medication Listing/Medication Survey Form

CO_____

ID_____

Seq No_____



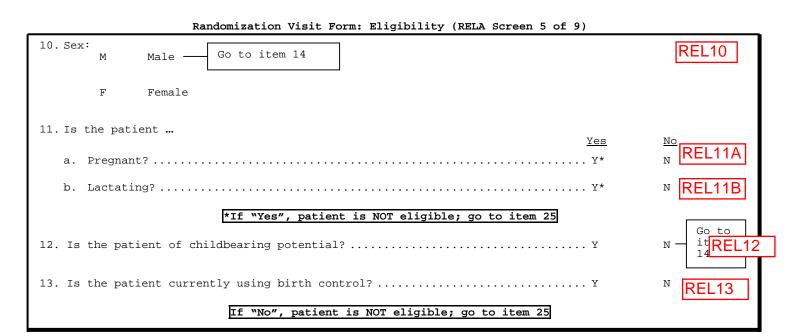
FAVOR/> RANDOMIZATION VISIT FORM: ELIGIBILITY

	lic Acid for Vascular Outcome FORM CODE: REL VERSION: Reduction in Transplantation	A 02/18/02
I	ID NUMBER: CONTACT OCCASION: 0 1 SEQUENC	CE NUMBER: 0 0
P	PATIENT LAST NAME: FIRST/MIDDLE I	INITIALS:
	Randomization Visit Form: Eligibility (RELA Screen 1 of 9)	
A.	DEMOGRAPHICS	
1.	Date of birth: / / / REL1	
2.	How would you describe your racial background? If you have a mixed background, please indicate all that apply. $\underline{\text{Yes}}$	<u>No</u>
	a. American Indian or Alaska Native Y	_N REL2A
	b. Asian Y	N REL2B
	c. Black or African American	N REL2C
	d. Native Hawaiian or Other Pacific Islander Y	N REL2D
	e. White Y	N REL2E
		REL1 - 3 Moved
		to SPC 4/11/03
	Randomization Visit Form: Eligibility (RELA Screen 2 of 9)	
3.	Which of the following best describes your ethnic identification:	DEI 3
-	H Hispanic or Latino	IXELO
	N Neither Hispanic nor Latino	:
в.	ELIGIBILITY CRITERIA Yes	<u>No</u>
	[Determined by DMS]	
4.	Is FAVORIT laboratory's screening total homocysteine (tHcy) level above the eligibility cut point? Y	N REL4
	[Determined by DMS]	
5.	Is FAVORIT laboratory's screening creatinine clearance 30 mL/min or greater?	N REL5
6.	Age 35-75 years old: Y	n REL6
	If "No", to either 4, 5, or 6, patient is NOT eligible; go to item 25	l

ID	CO	Seq No

Randomization Visit Form: Eligibility (RELA Screen 3 of 9)		
Yes 7a. Current graft in place 6-months or longer:	No REL7A	
b. Was the graft from a living related donor or from a cadaver donor?L Living related donorC Cadaver donor	RELA7B	
8. Did the patient use any vitamin supplements (multivitamin, B-group vitamins, or individual vitamins) containing folic acid ("folate"), vitamin B6, or vitamin B12 during the past 4 weeks?	REL8	

Randomization Visit Form: Eligibility (RELA Screen 4 of 9)			
9.		Yes there any of the following end stage or progressive conditions emed to affect 2 year survivability.	<u>No</u>
	a.	Cancer	n REL9A
	b.	End stage congestive heart failure/cardiomyopathy Y*	_N REL9B
	c.	End stage liver disease	N REL9C
	d.	End stage pulmonary disease	N REL9D
	e.	Progressive HIV Y*	N REL9E
	f.	Any other chronic wasting illness	n REL9F
		*If "Yes" patient is NOT eligible; go to item 25	



ID	CO	Seq No

Randomization Visit Form: Eligibility (RELA Screen 6 of 9)

14. Are there other conditions that prevent reliable participation in the study:	
Yes	<u>No</u>
a. Refractory depressionY*	N REL14A
b. Severe cognitive impairment	N REL14B
c. Alcoholism or other substance abuse	N REL14C
15. Is the patient currently participating in any other study specifically involving cardiovascular disease risk factor management?	N REL15
16. Has the patient experienced a myocardial infarction (MI), stroke, percutaneous revascularization procedure (i.e., coronary, cerebrovascular, or lower extremity), or lower extremity amputation within the past 3 months?	n REL16
*IF "Yes", patient is NOT eligible; go to item 25	

Randomization Visit Form: Eligibility (RELA Screen 7 of 9)

	<u>Yes</u>	<u>No</u>
17. Has the patient had coronary artery bypass graft or abdominal aortic aneurysm repair within the past 6 months?	Y	N REL17
IF "Yes", patient is NOT eligible; go to item 25		
18. Since screening exam, has patient been hospitalized for renal graft dysfunction, or been told by their physician that their renal graft function has deteriorated?	Υ	_N REL18
IF "Yes", patient is NOT eligible; go to item 25		
19. Has patient returned to dialysis-dependence?	Y	N REL19
IF "Yes", patient is NOT eligible; go to item 25		
C. RANDOMIZATION		
20. Do you want to randomize this patient?	Y	_N REL20
If "No", go to item 25		
[Determined by DMS] 21. Bottle code assigned by Data Management System:		REL21

Random		See rand_derv_niddkv ^r for final date of randomization
[Determined by DMS]		
22. Date of randomization:		RELA22
	Month Day Year	
23. Is the date in question 2 (date bottle code is fi		RELA23
N No		
CONTACT THE	DCC IMMEDIATELY REGARDING DATE OF RANDOMIZATION DISCRI	EPANCY
24a. What is the correct dat	e of randomization? / / / / / / / / / / Month Day Year	RELA24A
b. Explain the discrepancy	in dates:	REL24B

CO_____

Seq No____

ID_____

Randomiza	tion Visit Form: Eligibility (RELA Screen 9 of 9)	
D. ADMINISTRATIVE INFORMATION		
25. Date of data collection:		REL25
	Month Day Year	
26. Initials of data collector:	Blind_staff_ID	
	If patient is randomized, vitamins and complete the Vitamin Distribution Log, complete the Participant Update Form ceed to Medication Listing/Medication Survey Form	