



Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* HALT PKD ID number, clinical center ID, and visit number.

Participant ID: _____ *haltid* Clinical Center: _____ *clinic* Date of Registration: ____ / ____ / ____
month regm day regd year regy

visit:

Missing Data Codes: A-Participant Refused B-Reading Not Possible C-Institutional Error

REGISTRATION FORM

Form # 3

This form is to be completed by designated personnel after the study visit has been scheduled. The participant's data is to be entered into the database and a HALT-PKD participant ID code will be assigned. Note: *Participants who fail screening must first be entered on Form 14, and must then be re-registered before being re-screened.*

1.	Date of Birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<i>brthdm</i>		<i>brthdd</i>		<i>brthy</i>			
2.	Gender <i>sex</i>	1 <input type="checkbox"/> Male		2 <input type="checkbox"/> Female					
3.	Race <i>race</i>	1 <input type="checkbox"/> Black/African American			2 <input type="checkbox"/> Non-Black				
4.	Is a drug washout required for this participant? <i>wash</i>	1 <input type="checkbox"/> Yes (If yes, go to 4a below)			0 <input type="checkbox"/> No (If no, skip to 4b)				
	4a. Scheduled date of Screening visit (S)				____ / ____ / ____ <i>mm scvm dd scvd yyyy scvy</i>				
	4b. Scheduled date of combined Screening/Baseline visit (SB1)				____ / ____ / ____ <i>mm sbcvm dd sbcvd yyyy sbcvy</i>				
5.	Registration Type: <i>rt</i>	1 <input type="checkbox"/> Regular (actual study participant)			2 <input type="checkbox"/> Test Participant				
6.	Registration: <i>regprv</i>	1 <input type="checkbox"/> First Time (go to #7 below)			2 <input type="checkbox"/> Re-registration (go to #6a below)				
	6a. If this is a <i>re-registration</i> (after screen failure), enter <i>previous</i> HALT-PKD ID: _____ <i>previd</i>								
7.	Generate Forms Packet? <i>fp</i>	1 <input type="checkbox"/> Yes (if visit is within 1 week of registration)			0 <input type="checkbox"/> No, not at this time				
8.	Anticipated Study? <i>anticstud</i>	1 <input type="checkbox"/> A			2 <input type="checkbox"/> B				

HALT PKD staff member completing this form: _____ *cmidnum* Date: ____ / ____ / ____
Month *cdm* Day *cdd* Year *cdy*

Data Entry Status: Please check to indicate that the above information has been entered

Primary Entered by: _____ *deidnum* Date: ____ / ____ / ____
Month Day Year *dem / ded / dey*