



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 Report / /
dvm *dvd* *dvy*

SCREEN FAILURE FORM

Form # 14

This form is to be entered within 3 business days of screen failure, defined as a registered participant who is not randomized as planned. Check all reasons that apply.

1.	Age at S Visit: <15 years or >49 years (Study A). <18 years or >64 years (Study B) <i>sfage</i>	<input type="checkbox"/>
2.	Diagnostic Imaging Test does not reveal ADPKD per protocol <i>sfpkd</i>	<input type="checkbox"/>
3.	GFR out of targeted range: ≤ 60 ml/min/1.73 m ² (Study A). <30 or >60 ml/min/1.73 m ² (Study B) <i>sfgr</i>	<input type="checkbox"/>
4.	Absence of hypertension or high-normal blood pressure per protocol <i>sfbp</i>	<input type="checkbox"/>
5.	Unable or unwilling to give written informed consent, or withdrawal of consent <i>sfscst</i>	<input type="checkbox"/>
6.	Females: Currently pregnant/lactating, childbirth within past six months, or plans pregnancy within five years <i>sfpreg</i>	<input type="checkbox"/>
7.	History of renal vascular disease <i>sfrvd</i>	<input type="checkbox"/>
8.	Spot urine albumin-to-creatinine ratio of ≥ 0.5 and/or findings suggestive of kidney disease other than ADPKD <i>sfokd</i>	<input type="checkbox"/>
9.	Diabetes, requiring insulin or oral hypoglycemic agents, or fasting glucose ≥ 126 or random non-fasting glucose ≥ 200 <i>sfdiab</i>	<input type="checkbox"/>
10.	History of angioneurotic edema or other hypersensitivity reaction with ACE-1 or ARB <i>sface</i>	<input type="checkbox"/>
11.	Contraindication to β -blocker or other antihypertensive agents per ordered protocols for (Study A) or (Study B) <i>sfbeta</i>	<input type="checkbox"/>
12.	Past history of heart failure <i>sfhrt</i>	<input type="checkbox"/>
13.	Absolute indication for β -blocker or calcium channel blocker therapy <i>sfblk</i>	<input type="checkbox"/>
14.	Systemic illness necessitating NSAID, immunosuppressant or immunomodulatory medications <i>sfsys</i>	<input type="checkbox"/>
15.	Systemic illness with renal involvement <i>sfsysr</i>	<input type="checkbox"/>
16.	Non-elective hospitalization for an acute illness within the past 2 months <i>sfhspt</i>	<input type="checkbox"/>

