



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 Visit: ____/____/____
month *dvm1* day *dvd1* year *dvy1*

visit:

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

RANDOMIZATION FORM

Form # 20

This form is to be completed by designated personnel at the B1 visit, ideally after the Baseline Visit (B1) has been completed (except MR). Numbers 1-5 will be completed automatically, based on data entered previously (please check). When this form is entered, blood pressure goals (if applicable) and medication ID codes will be assigned. (Numbers 1-3 automatically entered from Registration Form 3)

1. **Date of Birth:** _____ / ____ / ____
brthdm brthdd brthdy

2. **Gender:** *sex* Male Female

3. **Race:** *race* Black/African American Non-Black
(Numbers 4 and 5 automatically entered from Lab Results Form 9)

4. **Serum Creatinine at Screening:** _____ **Date of Sample:** ____/____/____ **mg/dL**
dvm dvd dvy Irscrea

5. **Glomerular Filtration Rate (GFR) at the time of the Screening Visit (S):** **GFR:** _____ **ml/min/1.73 m²**
Irsgr

6. **Participant has signed the most recent version of the required informed consent:** Yes
(automatically entered if a second consent form is NOT required at baseline) **Date participant signed:** ____/____/____
csntm csntd csnty

7. **If the participant had previously taken medication to control blood pressure, has there been a drug washout period?** *wshout*

Yes **Drug Washout ≥ 2 Weeks** **Start of Washout:** ____/____/____
ldm ldd ldy

Yes **Drug Washout < 2 Weeks (early randomization required per protocol)** **Start of Washout:** ____/____/____
ldm2 ldd2 ldy2

Washout not required.

8. **Expected date of the B2 visit (Date coordinator instructs participant to start masked drug):** ____/____/____
b2vm b2vd b2vy
Note: The actual start of ACE+ARB (B2 visit) is to be entered on Daily Visit Tracking Form 40.

9. **Treatment Assignment:** (automatically entered) *group*

Study A, treat to standard BP (120-130 mm Hg systolic, 70-80 mm Hg diastolic)

Study A, treat to low BP (95-110 mm Hg systolic, 60-75 mm Hg diastolic)

Study B, treat to standard BP (<130/80 mm Hg)

HALT PKD staff member completing this form: _____ *cmidnum* **Date:** ____/____/____
Month *cdm* Day *ccd* Year *cdy*
HALT PKD investigator reviewing this form: _____ **Date:** ____/____/____
(signature required) Month Day Year
Data Entry Status: Please check to indicate that the above information has been entered

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