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:** ____/____/_____
dvm / dvd / dvy

visit

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

UNMASKING DRUG FORM — Form #26

This form is to be entered in WDES by authorized personnel in order to unmask study treatment arm. The paper form is to be completed by designated personnel within 24 hours and stored in the participant's research chart.

1. **Reason for unmasking study treatment:** *rsust*

☐ **Pregnancy** Refer to the Manual of Procedures for guidelines requiring unmasking in the event of pregnancy.

☐ **Intercurrent Illness** (Specify) *uillname* _____

☐ **Other** (Explain) *uoreasn* _____

2. **Date of last dose of study medication:** _____/_____/_____
ldmm ldmd ldmy

3. **Method of Unmasking:** *umeth* ☐ **Contacted DCC** **Date Contacted DCC** _____/_____/_____
dccm dccd dccy

☐ **Other:** (Specify)_____ *uometh*

4. **Comments:** *cmmnt* _____

_____

Optional Section: Not Data Entered

A. Treatment Arm:

☐ **Study A, treat to standard BP (≤130/80 mm Hg)**

☐ **Study A, treat to aggressive BP (≤110/75 mm Hg)**

☐ **Study B, treat to standard BP (≤130/80 mm Hg)**

B. Treatment Regimen:

Participant Received: ☐ **ACE+ placebo** ☐ **ACE+ARB**

****

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

Reviewed by Study Investigator (signature required): _____ **Date:** _____/_____/_____
pism Month *pisd* Day *pisy* Year

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

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