



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 dvm day dvd year dvy
visit: _____ Page number _____

BP MONITOR CALIBRATION LOG (PCC) FORM

Form # 34

This form is to be completed by designated personnel every time a PCC blood pressure monitor is calibrated and must be faxed to the DCC each time. PCC guidelines should be faxed to the DCC annually.

- PCC Blood Pressure Monitor:** Make _____ Model _____ Serial Number _____
- Dates of Calibration**

Date of Calibration	Coordinator Initials	Comments/Date Faxed

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:** ____ / ____ / ____
dem Month ded Day dey Year

Secondary Entered by: _____ Date ____ / ____ / ____