

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.

HALT PKD VISIT TRACKING FORM

Form # 40

Instructions: PCCs are to use Form 40 to report all study visits (in clinic or by phone) on the day of the visit or by 9:00 a.m. (local time) the next day (B0 visit, start of the washout period, is optional). Enter the participant ID, visit code, date of visit, and date of investigator signature for all visits each day. Investigators are to sign a visit checklist within 30 days of each visit (except B2). The signature date is to be entered on Form 40 within 6 weeks.

Note: Date of Visit is the date of the *first* study procedure or participant contact for the visit. In most cases, medications will begin or be modified on the *following* morning.

Today's Date: / /

□ No visits occurred on this date novis

Participant ID	Visit Code	Date of Visit	Investigator Signature Date pim / pid / piy	Comments
rownum				

HALT PKD staff member completing this form: Date: / / / cmidnum Month cdm Day cdd Year cdy				
Data Entry Status: Please check to indicate that the above information has been entered \Box				
Primary Entered by: dem/ded/dey deidnum Date:/ / / dem/ded/dey dem/ded/dey				