



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: \_\_\_\_\_ Action Occurred Between Visits *slract*

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

**REQUIRED SAFETY LAB RESULTS FORM — (PCC or Local Lab)**

**Form # 51**

This form is to be entered within 2 weeks of a) *required* three-month follow-up visits (XF) for participants with GFR <30, and b) *additional* safety labs drawn at PI discretion (X visits or routine visits), and c) whenever digoxin is required. If necessary, check “abnormal” and comment. Note: Only serum potassium and creatinine results are required for safety labs, but urine results may be entered if relevant per the PI.

CONFIRMATORY SAMPLE *slconfsm*

1. Lab used: *slrlab*      1  PCC  
 2  Quest Diagnostic Laboratories  
 3  Other \_\_\_\_\_ *slrlabdesc*

| Serum Chemistry  | Units  | Results                  | Abnormal   |
|--|--|--------------------------|--|
| Potassium      1 <input type="checkbox"/> N/A <i>slrskna</i>     | 1 <input type="checkbox"/> mEq/L or 2 <input type="checkbox"/> mmol/L <i>unitk</i> | <i>slrsk</i><br>_____    | 1 <input type="checkbox"/> Yes <i>slrskab</i>    |
| Creatinine      1 <input type="checkbox"/> N/A <i>slrscreana</i> | mg/dL  | <i>slrscrea</i><br>_____ | 1 <input type="checkbox"/> Yes <i>slrscreaab</i> |
| Digoxin      1 <input type="checkbox"/> N/A <i>slrsdigna</i>     | ng/mL  | <i>slrsdig</i><br>_____  | 1 <input type="checkbox"/> Yes <i>slrsdigab</i>  |

| Urine  | Units   | Result                  | Abnormal  |
|--|---|-------------------------|---|
| β-HCG      1 <input type="checkbox"/> N/A <i>slruhcgna</i> | <i>slruhcgunit</i><br>1 <input type="checkbox"/> qualitative (+ / -)<br>2 <input type="checkbox"/> quantitative--mIU/mL<br>3 <input type="checkbox"/> other | <i>slruhcg</i><br>_____ | 1 <input type="checkbox"/> Yes <i>slruhcgab</i> |



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**2. Indicate all subsequent intervention(s):**

**None** *slrnone* 1  **Yes**

**Dietary** *slrdiet* 1  **Yes**

**Decrease protein intake** *slrdprt* 1  **Yes**

**Decrease sodium intake** *slrdsdm* 1  **Yes**

**Decrease potassium intake** *slrdptm* 1  **Yes**

**Study Medication** *slrsmcd* 1  **Yes**

*Note: Changes in study medication require data entry of Form 63.*

**Concomitant Medication** *slrcmed* 1  **Yes**

*Note: Changes in concomitant medications, if between study visits, are to be reported on Form 6 at the next study visit.*

**Comments** *slrcmt* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*  
**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

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

Secondary Entered by: \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_