



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
_____ **Form was not completed** *misfrm*

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

THErapy CONFIRMATION FORM

Form #56

This form is designed to verify and report actual start dates of washout and ACE±ARB therapy. It is to be completed at the F5 visit and entered within two weeks. Designated personnel are to confirm start dates with participants and record them below. If ACE±ARB therapy was never taken, start the medications (B2 visit), or complete Modified Participation Form 28.

Has the participant started taking ACE±ARB therapy for HALT PKD? *startthr*

1 **Yes** If yes, enter the actual start date reported by the participant **Start Date:** ____/____/____
asdm asdd asdy

3 **No, participant has not yet started taking ACE±ARB therapy.** **Expected Start Date:** ____/____/____
esdm esdd esdy

4 **No, participant is unable or unwilling to take ACE±ARB therapy.**
Note: Complete and enter Modified Participation Form 28.

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: _____ *deidnum* **Date:** ____/____/____ *dem / ded / dey*
Month Day Year