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 Action:** ____/____/_____

Month *dacm* Day *dacd* Year *dacy*

visit ___ **Action Occurred Between Visits**

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

DRUG CARD ASSIGNMENT FORM   Form # 62

This form is to be completed at or before the visit or date of action, and entered in WDES for drug card assignment.

1. QUANTITY REMAINING: 40 mg: ____**Cards** *rem40cd* **plus** ____**Pills** *rem40pl* **AND**
80 mg: ____**Cards** *rem80cd* **plus** ____**Pills** *rem80pl*

2. QUANTITY NEEDED FOR NEXT PERIOD: 40 mg Cards: ____ *new40cd* **AND 80 mg Cards:** ___ *new80cd*

Place drug card labels above corresponding card ID code. Print the participant's ID code on each drug card.	Place drug card labels above corresponding card ID code. Print the participant's ID code on each drug card.
Card# *cardnum* 1 ☐ Received by Pt *cardconfirm* 2 ☐ Returned to inventory	**Card#** *cardnum* 1 ☐ Received by Pt *cardconfirm* 2 ☐ Returned to inventory
Place drug card labels above corresponding card ID code. Print the participant's ID code on each drug card.	Place drug card labels above corresponding card ID code. Print the participant's ID code on each drug card.
Card# *cardnum* 1 ☐ Received by Pt *cardconfirm* 2 ☐ Returned to inventory	**Card#** *cardnum* 1 ☐ Received by Pt *cardconfirm* 2 ☐ Returned to inventory
Place drug card labels above corresponding card ID code. Print the participant's ID code on each drug card.	Place drug card labels above corresponding card ID code. Print the participant's ID code on each drug card.
Card# *cardnum* 1 ☐ Received by Pt *cardconfirm* 2 ☐ Returned to inventory	**Card#** *cardnum* 1 ☐ Received by Pt *cardconfirm* 2 ☐ Returned to inventory
Place drug card labels above corresponding card ID code. Print the participant's ID code on each drug card.	Place drug card labels above corresponding card ID code. Print the participant's ID code on each drug card.
Card# *cardnum* 1 ☐ Received by Pt *cardconfirm* 2 ☐ Returned to inventory	**Card#** *cardnum* 1 ☐ Received by Pt *cardconfirm* 2 ☐ Returned to inventory

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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*

Secondary Entered by: _____ Date __ __/__ __/__ __ __ __