(SOR		Attention - DO NOT enter patient data on this form if the header does not contain <i>preprinted</i> HALT PKD ID number, clinical center ID, and visit number.						
HAL	Partici	pant ID:	haltid	Clinical Ce	nter: cli	inic Date of Action:		
PKD	vioit					Month dacr Action Occurred	n Day dacd Year dacy	
699	visit							
	Missing	g Data Codes	A-Participa	nt Refused	B-Reading Not Possibl	e C-Institutional Error		
			SIGNMEN	-			Form # 62	
This form assignme		npleted at o	r before the	visit or date	of action, and ente	ered in WDES for dru	g card	
-		NING: 40 mg	:Cards	rem40cd plus	SPills rem40pl A	ND		
		-		•				
2. QUANT	ITY NEEDE	D FOR NEX	T PERIOD: 4	0 mg Cards:	new40cd AND 8	30 mg Cards: ne	w80cd	
Dia	a drug oard k	abala abaya a	orrooponding	ard ID and a	Diago drug gord lob	ala ahaya aarraanandin		
Pla			orresponding o de on each dr		Place drug card labels above corresponding card ID code. Print the participant's ID code on each drug card.			
0					0		Dia ta ta	
Card	1# cardnum		eceived by P eturned to in		Card# cardnum	1 🗌 Received by 2 🗌 Returned to	/ Pt <i>cardconfirm</i> inventory	
				· · ·				
Plac			orresponding o			els above corresponding		
	Print the part	licipant's ID co	ode on each dr	ug card.	Print the partic	ipant's ID code on each	drug card.	
Care	# cardnum	1 🗆 F	Received by F	Pt cardconfirm	Card# cardnum	1 🗌 Received by	/ Pt_cardconfirm	
			Returned to ir			2 🗌 Returned to		
Plac		rug card labels above corresponding card ID code. In 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		Received by F Returned to ir		Card# cardnum	1 🗌 Received by 2 🗌 Returned to	Pt cardconfirm	
				IVEILOIY			inventory	
Plac	ce drug card la	abels above c	orresponding c	ard ID code.	Place drug card labels above corresponding card ID code.			
	Print the part	ticipant's ID co	de on each dr	ug card.	Print the partic	ipant's ID code on each	drug card.	
Corr	J.#	4 🗆 г)+	Condt		· Dt	
	d# cardnum	2 🗌 F	Received by F Returned to ir	ventorv		1 🗌 Received by 2 🗌 Returned to	inventory	
			ing this form		****************************	Date:	***************************************	
					cmidnum	Month c	/// dm Day cdd Year cdy	
-					formation has been e			
Primary Entered by:							dem / ded / dey	
Secondary Entered by:					Date /	/		