



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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month *dvm* day *dvd* year *dvy*

visit: \_\_\_\_\_

\_\_\_ Form was not completed *misfm*

### RELATEDNESS FORM

Form # 86

*Form is to be completed by designated personnel and/or PI at any PCC visit, F5 or after, and updated as needed.*

1. Is the participant biologically related to anyone enrolled in the HALT or CRISP studies? *unrel*

0  Yes      1  No known relatives on either study

2. List all HALT participants who are biologically related to this participant (IDs are one letter and seven digits)

| HALT IDs <i>relhaltid</i> |  |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|--|
|                           |  |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |  |

No known biological relatives in HALT *unrelhalt*

3. List all CRISP participants who are biologically related to this participant (IDs are six digits):

| CRISP IDs <i>relpkdid</i> |  |  |  |  |  |
|---------------------------|--|--|--|--|--|
|                           |  |  |  |  |  |
|                           |  |  |  |  |  |
|                           |  |  |  |  |  |
|                           |  |  |  |  |  |
|                           |  |  |  |  |  |

No known biological relatives in CRISP *unrelpkd*

4. Comments *relcmt* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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HALT PKD staff member completing this form: \_\_\_\_\_ *cmidnum* Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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