

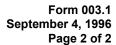
cholesterol to initiate run-in.

PRE-RANDOMIZATION INFORMATION

The variables related to this form are located in the LADS.PRERAND data file.

This form should be completed for all eligible patients who have signed the PEACE Informed Consent and who consent to participate in the run-in.

Ā.	IDENT	IFYING IN	FORMATIO	N									
	1. PE	EACE Cent	er: deleted			3.	Patie	ent Initials	deleted	La	<u></u>	 First	-
		EACE I.D.: ariable ger	erated - new	random ID	 [NEW_ID]	4.	Toda	ay's Date:	deleted	Mo	/ Day	_/ <u>_</u>	_
– В.	BLOOD PRESSURE MONITORING												
	Have the patient sit quietly for five minutes before measuring the blood pressure										re.		
	1. Sit	tting systoli	c blood pres	sure [SYSE	BP]							r	nmHg
	2. Sit	tting diasto	lic blood pre	ssure [DIAE	3P]							r	nmHg
	3. Pri	ior history	of dizziness	vithin past	12 months [PHDIZZ]						YES (1)	NO (2)
	4. Pri	ior history	of syncope w	ithin past 1	2 months [F	PHSYNC]						(1)	(2)
C.	MOST RECENT SERUM CREATININE New variable generated - estimated glomerular filtration rate - using the 4-variable MDRD equation [EGFR]												
	Date o	Date of most recent serum creatinine deleted									// Day	<u></u>	
	If \geq 1 year old, obtain new measurement. If serum creatinine \geq 1.5mg/dL (133 μ mol/L), recheck after at least one week on study medication.												
D.	. MOST RECENT SERUM POTASSIUM [SER_POT] mEq/dL								nEq/dL	OR	।	mmol/L	
	Date of most recent serum potassium deleted								// Day	/			
	If \geq 1 year old obtain new measurement. If new measurement \geq 5.5mEq/L (5.5mmol/L), patient is ineligible.									IVIO	Day	.,	
E.	MOST	RECENT	SERUM CH	OLESTERO	L [SER_CI	ногј			mg/	dL OR			mmol/L
	Date of most recent serum cholesterol deleted							Mo	// Day	/Yr			
	If > 1	year old,	obtain nev	measure	ment. Do	not wait	or ne	w measu	rement of	F			





F.	BASELINE BLOOD AND URINE SAMPLES COLLECTED						
	1. Baseline l	blood sample collected deleted	YES NO (1) (2				
	2. Baseline	urine sample collected deleted	(1)(2	<u>'</u>)			
G.	NUMBER OF	CAPSULES DISPENSED deleted		_			
	Record the 5-	-digit run-in period box I.D. number dispensed deleted		_			
	ppointment.						
Giv	e patient the	instruction sheet and run-in medication. Schedule next visit at least 14 day days from today.	s but no more than	20			
н	SIGN-OFF						
Sig	nature of indivi	ridual who completed this form	//delete	ed			
			-				
Ce	rtification #	deleted					