TOHP

Trials of Hypertension Prevention
(TOHP), supported by the National Heart, Lung, and Blood Institute, National Institutes of Health

FO7

ID number ___ ___ ___ ___ ___ ___ ___ ___

Initials ___ ___ ___ ___ ___

Visit date ___ ___/___ ___/___ ___

FO7 FORM

1. Date of FO6 ..... ___ ___/___ ___/___ ___ (month / day / year)

2. Is this visit at least 7 and no more than 30 days after FO6 (item 1)? ..... YES ☐ (1) NO ☐ (2)

3. Has this participant been identified by the CC as requiring review for safety monitoring tests related to fish oil? ..... YES ☐ (1) NO ☐ (2)
   IF YES: Attach completed FO7 Fish Oil-Safety Monitoring Form (#SAF/FO7) and return to CC.

4. Sum of 3 DBPs from FO7 BPA (item 5) ..... ___ ___ ___

5. Sum of 6 DBPs from FO6 (item 10) ..... ___ ___ ___

6. Sum of 9 DBPs, items 4 + 5 ..... ___ ___ ___
   IF THIS SUM ≥ 810 but <855, consult with participant's physician before continuing subject in trial.
   If this sum ≥855 the participant is not eligible to participate in Stage II and should be referred to his/her physician.

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7. LABORATORY RESULTS

Please complete the following items when blood test results are received from local lab before sending this form to the Coordinating Center for final eligibility determination.

a. Serum cholesterol ≥ 260 mg/dl ..... YES ☐ (1) NO ☐ (2)

b. Serum creatinine ≥ 1.7 mg/dl (men) or 1.5 (women) ..... YES ☐ (1) NO ☐ (2)

c. Serum glucose ≥ 200 mg/dl ..... YES ☐ (1) NO ☐ (2)

d. Unexplained hyperkalemia (local lab standards) ..... YES ☐ (1) NO ☐ (2)

e. Hypercalcemia (local lab standards) ..... YES ☐ (1) NO ☐ (2)

TOHP identification number of person responsible for filling in laboratory results ..... ___ ___ ___ ___

TOHP identification number of person responsible for final edit of FO7 form ..... ___ ___ ___ ___