FORM APPROVED
OMB NO. 68-S78062
EXPIRES 6/83

BHAT
REPORT OF STUDY DRUG DISCLOSURE

Form 024 (1) [1,2,3]

1. Patient ID (2) [4,5] (3) [6,7,8,9,10] (4) [11,12]

2. Acrostic (5) [13,14,15,16,17,18]

Reason Codes:
01 Suspect adverse reaction to BHAT medication
02 Diagnostic test and/or surgery where there was not time to taper patient off medication without unblinding
03 Other medical reasons
04 Private physician's request, no medical reason given
05 Patient curiosity
06 Disclosure by Central Lab
If other codes are needed, see Manual of Procedures or call Coordinating Center

3. Date form completed (11) [44,45] month [46,47] day [48,49] year

4. Date Code was broken (12) [50,51] month [52,53] day [54,55] year

(13) 56 ⚑ 0/1

5. Reasons and circumstances; specify: _____

(14) [57,58] , [59,60] (15) Reason codes

See above for codes

6. The following persons know which medication is being taken by the patient:

		1 YES	2 NO
a.	Patient	(16) ☐ 61	☐
b.	BHAT personnel	(17) ☐ 62	☐
c.	Pharmacy	(18) ☐ 63	☐
d.	Patient's private physician	(19) ☐ 64	☐

If dose of BHAT medication is changed, this must be noted on Follow-up Drug Section and submitted to the Coordinating Center with the next follow-up or interim vist.

7. Was Chairman of the Steering Committee or NHLBI BHAT Project Office physician consulted prior to unblinding? 65 1☐Yes 2☐No (20)

Explain

(21) 66 ⚑ 0/1

(6) EDIT STATUS 19,20 DATE RECEIVED 29-34 (8)

(7) BATCH NUMBER 21-28 UPDATE NUMBER 35-37 (9)

(10) DATE LAST PROCESSED 38-43

8. Person completing form _____ (22) [67,68] BHAT code