

Screen No.	Subject Initials	Screening Visit 1
s	Mantanana ang Pangananana	Page 1

Date of visit: ___/__ /___ (dd/mmm/yyyy)

Informed	40	Γ
		١.

Informed consent was given for the patient's participation in this clinical study after the nature, scope and possible consequences of the study were explained to the person giving consent in an understandable manner as described in the study protocol.

IMPORTANT: Informed consent must be obtained from the patient BEFORE any trial procedures are started.

Date of informed consent signed: ___/ __/ ___ (dd/mmm/yyyy)

		Dei	mographi	CS		
Date of birth:	/	_/	(dd/mmm/y	ууу)		
Gender:	Male 🗌 Fei	male				
Race:	Taiwanese] Other, ple	ease specify	·		
Height:	cm	Weight:	·	kg	BMI:	kg/ m²
Smoking habi	t: 🗌 Yes	No No				
Alcohol abuse	*: 🗌 Yes	No No				
*: Alcohol abuse participation. The						in 1 month prior to s

	P	regnancy Test	
Is pregnancy test	Yes		
performed:	No, reason:	Male	Postmenopause
		Hysterectomy	Bilateral tubal Ligation
		Other, please spe	ecify
Date of assessmer	nt://_	(dd/mmm/y	ууу)
Result: 🗌 Positiv	e 🗌 Negative		

Screen N	lo. Subject Initials	Screening Visit
S		Page 2-(
* Record medical histor	Medical History ant medical history*: Yes No ries in the past 6 months prior to Screening visit/IC lerance) prior to Screening visit should be checked	CF date, while specific events (milk
No.	Medical history	Past or Active
H		Past Active
H		Past Active
H		Past Active
H		Past Active
H		Past Active
H		Past Active
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H		Past Active

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	나는 것은 것 같아요. 지수는 것 같아요. 이 이 이 이 이 이 이 이 이 이 이 이 아니는 것을 수 있는 것 같아. 이 이 이 이 이 이 것 같아. 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이	
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	Ph	iysical Exa	minations		
ls t	he examination performed:	Yes 🗌 No)		
Dat	e of examination:/	_/	(dd/mmm/yy	ууу)	
	Sites/Sustan	Result		Specify if abnormal or	
	Sites/System	Normal	Abnormal	not done	
1	General appearance				
2	Head/ears/eyes/nose/throat				
3	Mouth				
4	Skin				
5	Neck (including thyroid)				
6	Lymph nodes				
7	Spine				
8	Cardiovascular system			<u></u>	
9	Respiratory system				
10	Gastro-intestinal system				
11	Nervous system				
12	Musculoskeletal system				
13	Blood and blood forming organs				
14	Mental status				
15	Other, specify:				

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	Subject Initials	Screening
Screen No.	Subject mitals	Visit 1
S		Page 4

Vital Signs	
Is the assessment performed: Yes No	
Date of assessment://(dd/mmm/yyyy)	
Body temperature:°C	
Pulse rate: bpm	
Respiratory rate: times/ minute	

Seated Office Blood Pressure				
Is the assessment perform *: the subject's office BP will be sitting position using an electror	measured at an ai	r-conditioned roon	n after around 30 m	ninutes of rest in the
Date of assessment:			n/yyyy)	
Systolic Blood Pressure ^{\$} :			Left arm:	mmHg
^{\$} . The arm with higher SBP valu	ie will be used to ve	rify the inclusion c	riteria #2.	
Diastolic Blood Pressure:	Right arm:	mmHg	Left arm:	mmHg

Electrocardiogram (ECG)	
Is the examination performed: 🔲 Yes 🗌 No	
Date of examination://(dd/mmm/yyyy)	
Result: 🔲 Normal 🔲 Abnormal, NCS 🗌 Abnormal, CS	
Abnormal Findings:	

Screen No.	Subject Initials	Screening Visit 1
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	Biochemistry Tests			
ls t	he test performed: 🔲 Yes	No		
Dat	te of sample:/	_/ (dd/mmm/yyy	y)	
	14.0.00	No. La constante de		Result
	Item	Value	Normal	Abnormal
1	Total bilirubin			
2	Aspartate transaminase (AST)			
3	Alanine transaminase (ALT)			
4	Alkaline phosphatase (ALP)			
5	Serum creatinine			
6	Blood urea nitrogen (BUN)			
7	Uric acid			
8	Triglyceride (TG)			
9	Total cholesterol (T-Cho)			
10	HDL-cholesterol (HDL-C)			
11	LDL-cholesterol (LDL-C)			
12	Glucose (A.C.)			
13	Hba1c			
14	Sodium (Na)			
15	Potassium (K)			
16	Chloride (Cl)			

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		이 같은 것을 알려야 했다. 것은 것을 것을 가지 않는 것을
		Screening
Screen No.	Subject Initials	
		Visit 1
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		Hematology Tests		
ls ti	ne test performed: 🔲	Yes 🗌 No		
Dat	e of sample:/	/ (dd/mmm/yyy	y)	
				Result
	ltem	Value	Normal	Abnormal
1	Hemoglobin			
2	Platelet			
3	RBC			
4	WBC			
5	Neurophils			
6	Eosinophils			
7	Lymphocyte			
.8	Monocytes			
9	Basophils			

	Urinalysis Tests					
ls t	Is the test performed: Yes No					
Da	te of sample:/	/(dd/mmm/	⁄уууу)			
				Result		
	ltem	Value	Normal	Abnormal		
1	WBC					
2	RBC					
3	PH					
4	PROTEIN					
5	SUGAR					

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Screen No.	Subject Initials	Screening Visit 1
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	Inclusion Criteria		
		Yes	No
1	Male or female patient ages 20 years or older.		
2	 Belong to either one of the following categories based on JNC 7 as measured by office BP at Screening visit: > Prehypertension (SBP 120 – 139 mmHg or DBP 80 – 89 mmHg) > Stage I hypertension (SBP 140 – 159 mmHg or DBP 90 – 99 mmHg) 		
3	Body weight \leq 90 kg, and BMI \geq 18.5 kg/m ² or < 30 kg/m ² .		
4	NOT on any antihypertensive treatment at the time of entry into the study.		
5	Willing to comply with the study procedures and follow-ups.		
6	A good understanding of the nature of the study and placed signature on the informed consent form.		
	Exclusion Criteria		
2	Patients with any of the following conditions within 6 months prior to study participation: > Secondary hypertension > Uncontrolled diabetes mellitus > Renal disease based on the investigator's judgment > Severe hepatic disease with Child-Pugh class C > Severe anaemia > Any malignant disease or serious disease Patients with clinically significant abnormalities in the following laboratory parameters within 2 weeks prior to Screening visit or during the screening period: > HbA1c > 9% > AST or ALT ≥ 3*upper limit of normal (ULN)		
	 ➢ Estimated glomerular filtration rate (eGFR) < 50 ml/min/1.73 m² ➢ Serum creatinine ≥ 3*ULN ➢ Hemoglobin < 10 g/dL 		
3	History of milk allergy and/or lactose intolerance.		
4	Alcohol abuse classified as \geq 8 units of alcoholic consumption per week within 1 month prior to study participation.		
5	Constant use of oral medication or supplements affecting blood pressure.		
6	Female patients who are pregnant, planning to become pregnant, or lactating.		
7	Male or female patients of child-bearing potential do not agree to use an effective method of contraception during the study period.		
8	Currently participating in any other interventional clinical study within 30 days.		
9	Patients who are considered not suitable for the study according to the investigator's judgment for the patient's best interest.		

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Screen No.	Subject Initials	Placebo Run-in Visit 2
S		Page 8

Date of visit: ___/___/ ___/ (dd/mmm/yyyy)

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Invest	igational	Product Administration	
Is investigational product dis			
Date of dispense:/			
Number of dispensed:	Pack		

CRF version/date: 1.0/Jul-12-2017

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Screen No.	Subject Initials	Random No.	Baseline Visit 3
S		R	Page 9

Date of visit: ___/__ /___ (dd/mmm/yyyy)

	Physical Examinations			
ls ti	ne examination performed:	Yes 🗌 No		
Dat	e of examination:/	_/	_ (dd/mmm/y	ууу)
		Re	sult	Specify if abnormal or
	Sites/System	Normal	Abnormal	not done
1	General appearance			
2	Head/ears/eyes/nose/throat			
3	Mouth			
4	Skin			
5	Neck (including thyroid)			
6	Lymph nodes			
7	Spine			
8	Cardiovascular system			
9	Respiratory system			
10	Gastro-intestinal system			
11	Nervous system			
12	Musculoskeletal system			
13	Blood and blood forming organs			
14	Mental status			
15	Other, specify:			

Screen No.	Subject Initials	Random No.	Baseline Visit 3
S		R	Page 10

Vital Signs		
Is the assessment performed: Yes No		
Date of assessment://(dd/mmm/yyyy)		
Body temperature:°C		
Pulse rate: bpm		
Respiratory rate: times/ minute		

\$	Seated Office	Blood Press	ure	
Is the assessment performe	d*: 🗌 Yes 🗌	No		
*: the subject's office BP will be r sitting position using an electronic	neasured at an air-o sphygmomanomete	conditioned room a	after around 30 m	inutes of rest in the
Date of assessment:/	/	(dd/mmm/	′уууу)	
Systolic Blood Pressure:	Right arm:	mmHg	Left arm:	mmHg
Diastolic Blood Pressure:	Right arm:	mmHg	Left arm:	mmHg

Eligibility Confirmation and Randomization					
Does subject meet the criteria*: Yes No The arm with higher SBP value should be used to re-confirm the inclusion criteria #2.					
Does subject enter randomization:	Yes Random No.: R BP measurement arm ^{&} : Left arm Right arm				
	& Blood pressure measurements (including office BP and 24-hour ABPM) in the following visits should be made on the same arm with the higher value at baseline.				
	No, please fill in completion of study page.				

	Signature	
Investigator's signature:		Date:

Screen No. Subject Initials	Random No.	Baseline Visit 3
S	R	Page 11

	24-hour Ambulatory SBP/DBP				
Is the asse	essment performed	: 🗌 Yes 🗌 N	ю		
Date of as	Date of assessment://(dd/mmm/yyyy)				
Time	SBP (mmHg)	DBP (mmHg)	Time	SBP (mmHg)	DBP (mmHg)
06 : 00			16 : 00		
06 : 30			16 : 30		<u> </u>
07 : 00		<u> </u>	17 : 00		······
07 : 30			17 : 30		
08 : 00			18 : 00		
08 : 30		PLANE	18 : 30		
09 : 00			19:00	<u></u>	
09:30	· · · · · · · · · · · · · · · · · · ·		_19 : 30		
10 : 00			20 : 00		
10 : 30			20 : 30		<u></u>
11 : 00			21 : 00		
11 : 30	· · · · · · · · · · · · · · · · · · ·		21 : 30		<u> </u>
12 : 00			22 : 00		
12 : 30			23 : 00		, ,
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13 : 30			01 : 00		
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14 : 30			03 : 00		
15 : 00			04 : 00		
15 : 30			05 : 00		

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CRF version/date: 1.0/Jul-12-2017

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Screen No.	Subject Initials	Random No.	Baseline Visit 3
S		R	Page 12

		Biochemistry Tests				
ls th	Is the test performed: Yes No					
Date	e of sample:/	/(dd/mmm/yyyy	()			
]	Result		
	ltem	Value	Normal	Abnormal		
1	Total bilirubin					
2	Aspartate transaminase (AST)					
3	Alanine transaminase (ALT)					
4	Alkaline phosphatase (ALP)					
5	Serum creatinine					
6	Blood urea nitrogen (BUN)					
7	Uric acid					
8	Triglyceride (TG)					
9	Total cholesterol (T-Cho)					
10	HDL-cholesterol (HDL-C)					
11	LDL-cholesterol (LDL-C)					
12	Glucose (A.C.)					
13	Hba1c					
14	Sodium (Na)					
15	Potassium (K)					
16	Chloride (Cl)					

Screen No.	Subject Initials	Random No.	Baseline Visit 3
S		R	Page 13

		Hematology Tests		
ls t	the test performed:	Yes 🗌 No		
Da	te of sample:/	/ (dd/mmm/yy	ууу)	
				Result
	ltem	Value	Normal	Abnormal
1	Hemoglobin			
2	Platelet			
3	RBC			
4	WBC			
5	Neurophils			
6	Eosinophils			
7	Lymphocyte			
8	Monocytes		·	
9	Basophils			

	· · · · · · · · · · · · · · · · · · ·	Uri	nalysis Test	S	
ls t	he test performe	d: 🗌 Yes 🗌 No			
Da	te of sample:		(dd/mmr	л∕уууу)	
	ltem		Value		Result
	Item		Value		Abnormal
1	WBC				
2	RBC				
3	РН				
4	PROTEIN				
5	SUGAR				

Screen No.	Subject Initials	Random No.	Baseline Visit 3
S		R	Page 14

-	Biomarkers for Blood Vessel Inflammation or Damage				
ls tl	he test performed: 🗌 Yes 🗌 No				
Dat	e of sample:///(dd/mmn	n/yyyy)			
	Item	Result			
1	high sensitivity C-reactive protein (hsCRP)				
2	creatine kinase (CK/CPK)				

Electrocardiogram (ECG)	
Is the examination performed: Yes No	
Date of examination://(dd/mmm/yyyy)	
Result: Normal Abnormal, NCS Abnormal, CS	
Abnormal Findings:	

Investigational Product Administration		
Is investigational product dispensed to subject: Yes No		
Date of dispense://(dd/mmm/yyyy)		
Number of dispensed: Pack		
Is investigational product retrieved from subject: Yes No		
Date of retrieved://(dd/mmm/yyyy)		
Number of retrieved: Pack		
Number of lost: Pack		
Number of taken: Pack		

Screen No. Subject I	nitials Random No.	Dietary Visit 4
S	R	_ Page 15

Date of visit: ___/___ (dd/mmm/yyyy)

Date of examination:/	_/	(dd/mmm/yy	ууу)	
0.1 10 1	R	esult	Specify if abnormal o	
Sites/System	Normal	Abnormal	not done	
1 General appearance				
2 Head/ears/eyes/nose/throat				
3 Mouth				
4 Skin				
5 Neck (including thyroid)				
6 Lymph nodes	····			
7 Spine				
8 Cardiovascular system				
9 Respiratory system				
10 Gastro-intestinal system				
11 Nervous system			· · · · ·	
12 Musculoskeletal system				
13 Blood and blood forming organs				
14 Mental status				

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Screen No.	Subject Initials	Random No.	Visit 4
S		R	Page 16

Vital Signs
Is the assessment performed: Yes No
Date of assessment:// (dd/mmm/yyyy)
Body temperature:°C
Pulse rate: bpm
Respiratory rate: times/ minute

	Seate	d Offic	e Blood Pressure
Is the assessment per	formed*:] Yes [] No
*: the subject's office BP w sitting position using an ele and the same equipment	/ill be measur ctronic sphyg	ed at an a Imomanom	r-conditioned room after around 30 minutes of rest in the eter. All measurements have to be made on the same arm
Date of assessment: _	/	_/	(dd/mmm/yyyy)
Systolic Blood Pressur	·e :	mmH	g
Diastolic Blood Pressu	ıre:	mmH	g

Investigational Product Administration
Is investigational product dispensed to subject: Yes No
Date of dispense://(dd/mmm/yyyy)
Number of dispensed: Pack
Is investigational product retrieved from subject: Yes No
Date of retrieved://(dd/mmm/yyyy)
Number of retrieved: Pack
Number of lost: Pack
Number of taken: Pack

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Screen No.	Subject Initials	Random No.	Dietary Visit 5
S		R	Page 17

Date of visit: ___/___ (dd/mmm/yyyy)

	Ph	ysical Exa	minations		
Is the examination performed: Yes No					
Dat	Date of examination:///(dd/mmm/yyyy)				
Cites (Contant		Re	sult	Specify if abnormal or	
	Sites/System	Normal Abnormal		not done	
1	General appearance				
2	Head/ears/eyes/nose/throat				
3	Mouth				
4	Skin				
5	Neck (including thyroid)				
6	Lymph nodes				
7	Spine				
8	Cardiovascular system				
9	Respiratory system				
10	Gastro-intestinal system				
11	Nervous system				
12	Musculoskeletal system				
13	Blood and blood forming organs				
14	Mental status				
15	Other, specify:				

Screen No. Subject Initials	Random No.	Dietary Visit 5
S	R	Page 18

Vital Signs
Is the assessment performed: 🔄 Yes 🗌 No
Date of assessment:// (dd/mmm/yyyy)
Body temperature:°C
Pulse rate: bpm
Respiratory rate: times/ minute

Seated Office Blood Pressure
Is the assessment performed*: Yes No
*: the subject's office BP will be measured at an air-conditioned room after around 30 minutes of rest in the sitting position using an electronic sphygmomanometer. All measurements have to be made on the same arm and the same equipment
Date of assessment:///(dd/mmm/yyyy)
Systolic Blood Pressure : mmHg
Diastolic Blood Pressure: mmHg

Investigational Product Administration
Is investigational product dispensed to subject: 🔲 Yes 🗍 No
Date of dispense://(dd/mmm/yyyy)
Number of dispensed: Pack
Is investigational product retrieved from subject: 🔲 Yes 🔲 No
Date of retrieved:/ (dd/mmm/yyyy)
Number of retrieved: Pack
Number of lost: Pack
Number of taken: Pack

Screen No. Subject Initials	Random No.	Dietary Visit 6
S	R	Page 19

Date of visit: ___/___ / ___ (dd/mmm/yyyy)

	Phy	ysical Exar	ninations	
ls t	he examination performed:	Yes 🗌 No		
Da	te of examination:/	_!	_ (dd/mmm/y)	ууу)
	Sites/System	Re	sult	Specify if abnormal or
	Sites/System	Normal	Abnormal	not done
1	General appearance			
2	Head/ears/eyes/nose/throat			
3	Mouth			
4	Skin			
5	Neck (including thyroid)			
- 6	Lymph nodes			
7	Spine			
8	Cardiovascular system			
9	Respiratory system			• • •
10	Gastro-intestinal system			
11	Nervous system			
12	Musculoskeletal system			
13	Blood and blood forming organs			
14	Mental status			
15	Other, specify:			

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Screen No.	Subject Initials	Random No.	Dietary Visit 6
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		Vita	Signs		
Is the assessment perfo	ormed*:	Yes	No		
Date of assessment:	_/		(dd/i	mmm/yyyy)	
Body temperature:	°C				
Pulse rate: bp	m				
Respiratory rate:	times/ n	ninute			

Seated Office Blood Pressure				
is the assessment performed*: 🔲 Ye	s 🗌 No			
* the subject's office BP will be measured at sitting position using an electronic sphygmoma and the same equipment	an air-conditioned room after around 30 minutes of rest in the anometer. All measurements have to be made on the same arm			
Date of assessment://_	(dd/mmm/yyyy)			
Systolic Blood Pressure :n	nmHg			
Diastolic Blood Pressure:n	nmHg			

Screen No.	Subject Initials	Random No.	Dietary Visit 6
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	24	I-hour Ambula	atory SBI	P/DBP	
Is the ass	essment performed	: 🗌 Yes 🗌 N	0		
Date of as	sessment:/_	/	(dd/mn	nm/yyyy)	
Time	SBP (mmHg)	DBP (mmHg)	Time	SBP (mmHg)	DBP (mmHg)
06 : 00			16 : 00		
06 : 30			16 : 30	·	
07 : 00			17 : 00		
07 : 30			17 : 30		
08 : 00	<u> </u>		18 : 00		
08 : 30			18 : 30	·····	
09 : 00		••••	19 : 00		<u> </u>
09 : 30			19 : 30		<u> </u>
10 : 00	· · · · · · · · · · · · · · · · · · ·	· ······ ·	20 : 00		
10 : 30			20 : 30		
11 : 00	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	21 : 00	· · • • • • • • • • • • • • • • • • • •	
11 : 30			21 : 30		<u> </u>
12 : 00			22 : 00		
12 : 30			23 : 00		
13 : 00			24 : 00		
13 : 30	<u></u>	<u></u>	01 : 00		
14 : 00			02 : 00		
14 : 30			03 : 00		
15 : 00		· · · · · · · · · · · · · · · · · · ·	04 : 00		
15 : 30	<u></u>		05 : 00		

Screen No.	Subject Initials	Random No.	Dietary Visit 6
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· · · ·		Biochemistry Tests			
ls tł	ne test performed: 🗌 Yes	No			
Dat	e of sample://	/ (dd/mmm/yyyy)		
			Result		
	ltem	Value	Normal	Abnormal	
1	Total bilirubin				
2	Aspartate transaminase (AST)				
3	Alanine transaminase (ALT)				
4	Alkaline phosphatase (ALP)				
5	Serum creatinine				
6	Blood urea nitrogen (BUN)				
7	Uric acid		,		
8	Triglyceride (TG)				
9	Total cholesterol (T-Cho)				
10	HDL-cholesterol (HDL-C)				
11	LDL-cholesterol (LDL-C)				
12	Glucose (A.C.)				
13	Hba1c				
14	Sodium (Na)				
15	Potassium (K)				
16	Chloride (Cl)				

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Screen No.	Subject Initials	Random No.	Dietary Visit 6
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		Hematology Tests								
ls t	Is the test performed: Yes No									
Da	Date of sample://(dd/mmm/yyyy)									
				Result						
	ltem	Value	Normal	Abnormal						
1	Hemoglobin									
2	Platelet									
3	RBC									
4	WBC									
5	Neurophils									
6	Eosinophils									
7	Lymphocyte									
8-	Monocytes									
9	Basophils									

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		Urinalysis Tests	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 5							
ls t	Is the test performed: 🗌 Yes 🗌 No									
Da	te of sample:/	/ (dd/mmm/	′уууу)							
	lten	Mahua		Result						
	ltem	Value	Normal	Abnormal						
1	WBC									
2	RBC									
3	PH									
4	PROTEIN									
5	SUGAR									

Screen No.	Subject Initials	Random No.	Dietary Visit 6
<u>S</u>		R	Page 24

	Biomarkers for Blood Vessel Inflammation or Damage						
ls t	Is the test performed: Set						
Dat	Date of sample:/ (dd/mmm/yyyy)						
	Item	Result					
1	high sensitivity C-reactive protein (hsCRP)						
2	creatine kinase (CK/CPK)						

Electrocardiogram (ECG)	
Is the examination performed: Yes No	
Date of examination://(dd/mmm/yyyy)	
Result: Normal Abnormal, NCS Abnormal, CS	
Abnormal Findings:	

Investigational Product Administration						
Is investigational product retrieved from subject: 🔲 Yes 🗌 No						
Date of retrieved://(dd/mmm/yyyy)						
Number of retrieved: Pack						
Number of lost: Pack						
Number of taken: Pack						

			Follow-up
Screen No.	Subject Initials	Random No.	Off-treatment Visit 7
S		R	Page 25

Date of visit: ___/__/__(dd/mmm/yyyy)

Physical Examinations								
ls t	Is the examination performed: Yes No							
Da	Date of examination:// (dd/mmm/yyyy)							
	Sites/System	Result		Specify if abnormal or				
	Sites/System	Normal Abnormal		not done				
1	General appearance							
2	Head/ears/eyes/nose/throat							
3	Mouth							
4	Skin							
5_	Neck (including thyroid)							
6	Lymph nodes							
7	Spine							
8	Cardiovascular system	• 🔲 ·		· · · · · · · · · · · · · · · · · · ·				
9	Respiratory system							
10	Gastro-intestinal system							
11	Nervous system							
12	Musculoskeletal system							
13	Blood and blood forming organs							
14	Mental status							
15	Other, specify:							

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			Follow-up
Screen No.	Subject Initials	Random No.	Off-treatment Visit 7
S		R	Page 26

Vital Signs
Is the assessment performed: Yes No
Date of assessment:// (dd/mmm/yyyy)
Body temperature:℃
Pulse rate: bpm
Respiratory rate: times/ minute

	Sea	ted Offic	e Blood Pressure
Is the assessment perfo	ormed*:	Yes [No
*: the subject's office BP wil sitting position using an elec and the same equipment	l be mea tronic sph	sured at an a lygmomanon	air-conditioned room after around 30 minutes of rest in the neter. All measurements have to be made on the same arm
Date of assessment:		/	(dd/mmm/yyyy)
Systolic Blood Pressure): _	m	mHg
Diastolic Blood Pressur	e: _	m	mHg

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s Investigational product; *: An AE that the outcome is death should be considered as a SAE			A 		AE no. Adverse Event	Is there any adverse event: Yes No Note: All the adverse events occurring from Baseline (Visit 3) to study completion (Visit 7)/withdrawal should be recorded.		S	Screen No.
utcome is death should be considered	/or	// or	/	/	Onset Date End date or Ongoing (dd/mmm/yyyy)	Baseline (Visiti3) to study completion	Advers		Subject Initials
as a SAE		l			Severity 1=Mild, 2=Moderate, 3=Severe	(Visit 7)/withdra	Adverse Event	ת ת	Ra
		I			1=Yes, 2=No,	awal sho			Random
Is this the I	T				Relationship to Study Drug 1=Certain, 2=Probable/Likely, 3=Possible, 4=Unlikely, 5=unrelated, 6=Unknown	puld be recorded			No.
Is this the last page used?				I	Action Taken 1=IP ^{\$} not changed, , 2=IP interrupted, 3=IP withdrawn,				
ised? 🗌 Yes]				Treatment Required 1=No, 1=No, 2=Medication 3=Non-drug therapy, 4=Medication and non-drug therapy			Pag	
S □ No					Outcome 1=Resolved 2=Persisting 3=Death* 4=Unknown			Page 27- ()	, II Visit

Au Visit	Page 28-1 (())		Is there any concomitant medication: Se No Note: Antihypertensive medication or supplements that the subjects took within 3 months prior to ICF date will be recorded. All the concomitant medication used from screening visit (Msit 1) to the end of the study (Visit 7)(early termination will also be recorded.	Start Date End date or Ongoing (dd/mmm/yyyy)					8=SUBCUTANEOUS, 9=TRANSDERMAL, outine (P000) Is this the last page used?
ö			will be recorded. All	Indication ^d					ALED, 8=SUBCUTA laxis/ routine (P000) Is this the Ia
Random No.	R	Concomitant Medication	ths prior to ICF date corded	Frequency ^c ,					RAVENOUS, 6=INTRAMUSCULAR, 7=INHALED, 8=SUBCUTAI ~), Medical history page (H001~), or Prophylaxis/ routine (P000) Is this the Ia
		omitant I	k within 3 mor will also be re	Route ^b					US, 6=INTRA al history pag
Subject Initials		Cono	□ No the subjects tool sarly termination	Unit ^a					5=INTRAVENO (A001~), Medic
Sub.			cation: Tes rsupplements that th the study (Visit 7)/es	Single dose					APSULE, DROPS. , 4=SUBLINGUAL, , PRN, STAT ing to the AE page
Screen No.	S		Is there any concomitant medication: Yes No Note: Antihypertensive medication or supplements that the subjects took within 3 months prio screening visit (Visit 1) to the end of the study (Visit 7)/early termination will also be recorded.	Medication no. Medication	M	M	W	MM	a: MG, ML, G, MCG, UG, TABLET, CAPSULE, DROPS b: 1=ORAL, 2=TOPICAL, 3=NASAL, 4=SUBLINGUAL, 5=INTRAVENOUS, 6=INTRAMUSCULAR, 7=INHALED, 8=SUBCUTANEOUS, 9=TRANSDERMAL, 10=OTHERS c: Q.I.D, T.I.D, B.I.D, Q12H, QD, HS, PRN, STAT d: Please use the event code according to the AE page (A001~), Medical history page (H001~), or Prophylaxis/ routine (P000) d: Please use the event code according to the AE page (A001~), Medical history page (H001~), or Prophylaxis/ routine (P000) d: Please use the event code according to the AE page (A001~), Medical history page (H001~), or Prophylaxis/ routine (P000)

Screen No.	Subject Initials	Random No.	Study Completion
s		R	Page 29

	End of Study/ Early Termination
Date of the subject was taken off the study:	//(dd/mmm/yyyy)
Did the subject complete the study :	Yes No (If No, please record the primary reason)
Primary reason	Subject withdraw consent
for early termination	Lost to follow up
	Subjects who use prohibited medications, or any other medications/therapies/supplements that could affect blood pressure
	Subjects stop taking investigational product, or temporarily interrupt taking investigational product over 1 week
	Protocol violation
	Pregnancy or lactating
	Subject with two value of blood pressure over the upper limit of stage I hypertension within one week, SBP ≧160 mmHg or DBP ≧100 mmHg
	Adverse event(s):
	Patients who are considered not suitable for the study according to the investigator's judgment for the patient's best interest
	Death, date of death:// (dd/mmm/yyyy)

Signature

All data in this case report form have been entered under my authority and to the best of my knowledge are accurate and complete.

Investigator's signature:

Date:

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