

FORM REV

MULTICENTER STUDY OF HYDROXYUREA IN SICKLE CELL ANEMIA (MSH)

ELIGIBILITY SCREENING FORM I

CURCLIN
ID
VISIT

CLINIC NO.					
I.D. NO.					
VISIT	Q	V	0	1	

VIS=01

PART I: IDENTIFYING INFORMATION

1. Patient's NAME CODE: NAMECODE

7. Has informed consent been obtained? CONSENT
(1)(HOLD)
Yes No

2. Date: RV01-DT
Day Month Year

PART III: EXCLUSION CRITERIA

PART II: INCLUSION CRITERIA

3. CSSCD patient? (1) Yes (2) No

4. A. Date of birth: BIRTH-DT
Day Month Year

B. 18 years of age or older? (1) Yes (2) No AGE18

If NO, answer Item 4C.

C. Will be 18 by SOON18 March 1993 (HOLD)(INEL)
Yes No

5. Number of crises within last 12 months N-CRIS01

A. Less than three? (HOLD)(2) Yes No LT3_01

6. Patient or partner adequately protected against pregnancy? PROTECO1
(1)(HOLD) Yes No

8. A. Chronic transfusions program? YES No TRA-CHR
(INEL)(2)

B. Transfusion within 2 months? TR2MO_01
(HOLD)(2)

C. Likely to begin chronic transfusion in next 2 years? TRA-LLKLY
(INEL)(2)

9. A. Stroke, TIA or chronic transfusion for stroke or TIA in last four years? STROK-HX
(INEL)(2)

B. Congestive heart failure or chronic transfusion for congestive heart failure in last four years? CHFHX
(INEL)(2)

10. Pregnant or breast feeding PREG_01
(HOLD)(2)

11. S- β thalassemia SBTHAL
(INEL)(2)

12. A. At risk of or current immunosuppression IMMUNOSUP
(INEL)(2)

B. Antineoplastic agent or radiation therapy RADTHRXY
(INEL)(2)

13. Previous hydroxyurea therapy HYDRX-HX
(INEL)(2)

14. > 30 oxycodone/visit or equivalent OXYCOD30
(HOLD)(2)

15. Theophylline THEOPHYL
(HOLD)(2)

I.D. No. [] [] [] [] [] []

26. Is this patient living with any other patient for whom a MSH Form 01 has been completed and submitted to the Data Coordinating Center? ----- (1) (2)
ANOTHER
Yes No

If YES, answer Item 26A.

A. Provide ID No. and Name Code of the other patient:
1. ID No.: _____ ID OTHER
2. Name Code: _____ NO OTHER

- 1. Give the patient a two-week course of folic acid.
- 2. Give the patient a two-week diary.
- 3. Schedule the patient for an appointment two weeks from today. Explain the importance of taking the folic acid daily, filling out the diary sheet and coming to the next appointment, with the folic acid bottle and filled out diaries.

PART V: COORDINATION

27. Checked for completeness and accuracy:
A. Certification Number: CERT-NO
B. Signature: CERT-SIG

Telecopy (FAX) this form to the Data Coordinating Center at (410) 435-4232. Retain this form for your files.

DCC Use Only
28. CSSCD Documentation ----- (1)

I.D. No.					
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