

**MULTICENTER STUDY OF HYDROXYUREA  
IN SICKLE CELL ANEMIA (MSH)**

**ELIGIBILITY SCREENING FORM II**

**CLINIC  
ID  
VISIT**

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

**VIS**  
Yes No

**PART I: IDENTIFYING INFORMATION**

1. Patient's NAME CODE:

**NAMECODE**

2. Date:

**VIS-DT**

Day Month Year

4. Did patient return the diary booklet received at the last visit? -----

**DIARY**

( 1 ) ( 2 )

If **NO**, skip to Item 5.

A. Are ten or more days of the diary pages filled out? -----

**TEN-DAYS**

( 1 ) ( 2 )

**PART II: COMPLETION OF RUN-IN**

3. Two week courses of folic acid:

A. Did patient return the folic acid bottle? -----

**FOLIC**

( 1 ) ( 2 )  
Yes No

If **NO**, skip to Item 4.

B. Number of tablets: -----

**TAB-CNT**

C. Ask patient:

Yes No

1. "Did you take one tablet every day?" - ( 1 ) ( 2 )

**DAILYTAB**

If **YES**, skip to Item 4.

2. "Did you miss more than three days?" - ( 1 ) ( 2 )

**MISS3DYS**

3. "Did you take more than one tablet on any day?" ----- ( 1 ) ( 2 )

**ONE-DAY**

**PART III: EXCLUSIONS**

**N-CRISØ1**

5. A. Number of crises within last 12 months? -----

Yes No  
**LTS-Ø2**

1. Less than three? -- (HOLD)( 2 )

B. Patient or partner adequately protected against pregnancy? -----

**PROTEZO2**

( 1 ) (HOLD)

C. Transfusion within 2 months? -----

**TRZMO-Ø2**

(HOLD)( 2 )

D. Pregnant or breast feeding? -----

**PREG-Ø2**

(HOLD)( 2 )

6. Are there any "HOLD" answers in Item 5? -----

**HOLDS-Ø2**

( 1 ) ( 2 )  
Yes No  
↓

Skip to Part V.

I.D. No.					
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**PART IV: PHLEBOTOMY**

7. Were blood specimens drawn? ..... ( 1 ) ( 2 )

Yes No

**BLOODS02**

If **YES**, skip to Item 7B.

A. Reason(s) specimen not drawn

1. No venous access -- ( 1 ) ( 2 ) **VENACCO2**

2. Patient refused --- ( 1 ) ( 2 ) **REFUSED02**

Skip to PART V.

B. Follow instructions for obtaining blood specimens and record which specimens were obtained:

1. 5-ml EDTA (lavender top) tube for routine hematology --- ( 1 ) ( 2 ) **TUBE1-02**

2. 5-ml (lavender top) tube for 24-hour hold ..... ( 1 ) ( 2 ) **TUBE2-02**

3. 5-ml (lavender top) tube for special hematology ..... ( 1 ) ( 2 ) **TUBE**

4. 5-ml serum tube --- ( 1 ) ( 2 ) **TUBE4-02**

If **NO**, skip to Item B.5.

a. Was the tube centrifuged at 3000 rpm for 5 min.? --- ( 1 ) ( 2 ) **CENTR-02**

5. Two slides of smeared blood (Miniprep) ..... ( 1 ) ( 2 ) **SLIDES-02**

7. (Continued)

C. Problems:

1. Difficulty with phlebotomy ..... ( 1 ) ( 2 ) **DIFVENO2**  
(HOLD)

2. Hematoma ..... ( 1 ) ( 2 ) **HMTOM002**

3. Fainting ..... ( 1 ) ( 2 ) **FAINT02**

4. Other ..... ( 1 ) ( 2 ) **OTHPRO02**

Specify: \_\_\_\_\_

**PART V: COORDINATION**

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.

8. Record the amount of cash reimbursement for travel made to the patient? ..... \$ **REIMBO2**

9. Checked for completeness and accuracy:

A. Certification Number: \_\_\_\_\_

B. Signature: \_\_\_\_\_

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