

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

**GEL ELECTROPHORESIS REPORT**

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

PART I: IDENTIFYING INFORMATION

1. Patient Name Code: .....
2. Date of specimen collection: .....  
 Day Month Year

PART II: ELECTROPHORESIS

3. Pattern: SA<sub>2</sub> .....  
 SFA<sub>2</sub> .....  
 Other .....
- Specify: \_\_\_\_\_

SC  
(1)  
(2)  
(3)

4. Percent adult hemoglobin ..... AHGB <15%  
 (1)

5. Sickle cell anemia diagnosis: .....  
 Yes No Uncertain  
 (1) (2) (3)

SC-DIAG

HB\_PATRN

= 'SA2'  
 = 'SFA2'  
 = 'what's written in Specify''

PART III. COORDINATION

6. Form checked for completeness and accuracy:

Signature: \_\_\_\_\_

Keep a copy of this form for your files. Mail the original to:  
 MSH Data Coordinating Center  
 Maryland Medical Research Institute  
 600 Wyndhurst Avenue  
 Baltimore, Maryland 21210  
 Use MSH mailing labels.