

FORM
REV

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

CURCLEN

CLINIC NO.					
I.D. NO.					
VISIT	R	E	O	O	

ID

VISIT

REQUEST FOR ENROLLMENT

PART I: IDENTIFYING INFORMATION

1. Patient Name Code: NAMECODE
2. Date of request for enrollment: VIS-DT
- Day Month Year

PART II: REQUEST FOR ENROLLMENT

Schedule the patient for the Treatment Initiation Visit, no sooner than three weeks and no later than six weeks after date of the request for enrollment (see Item 2).

3. Date patient scheduled for Treatment Initiation Visit: INIT-DT
- Day Month Year

PART III. COORDINATION

4. Form checked for completeness and accuracy:
- A. Signature: CERT-SIG B. Certification Number: CERT-NO

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