

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

PATIENT'S USUAL RESIDENCE

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

PART I: IDENTIFYING INFORMATION

1. Patient's NAME CODE:

2. Date:

____ Day ____ Month ____ Year

PART III: COORDINATION

7. Checked for completeness and accuracy:

A. Certification Number:

B. Signature:

PART II. PATIENT'S USUAL RESIDENCE

3. LOCATION

URBSUBRU

- Urban (1)
- Suburban (2)
- Rural (3)

4. DISTANCE FROM MSH CLINIC

DISTANCE
 _____ miles

5. PRIMARY MODE OF TRANSPORTATION TO MSH CLINIC

MODE-TRS

- Car (1)
- Public Transportation (2)
- Other (3)

6. DURATION OF TRIP TO MSH CLINIC (1 WAY)

TRIP TIME
 _____ minutes

Transmit by telecopy (410-435-4232) or
 mail to:

MSH Data Coordinating Center
 Maryland Medical Research Institute
 600 Wyndhurst Avenue
 Baltimore, Maryland 21210

Lovely

I.D. No.					
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