

MULTICENTER STUDY OF HYDROXYUREA
IN SICKLE CELL ANEMIA

MSH Form 30
REV 0 1/23/92
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FORM
REV

TOXICITY REVIEW, STUDY TREATMENT
PRESCRIPTION RECOMMENDATION AND
CONFIRMATION OR REVISION

CURRENT CLINIC: 0 1
PATIENT ID: 0 1 0 1 - 3
TREATMENT FOR VISIT: F V 0 1

CLINIC
ID
VISIT

1. Patient NAME CODE: M C D R O
2. Date recommendation transmitted: 0 7 - O C T - 9 1 NAME CODE
VIS-DT

BLOOD COUNTS FOR	BASELINE
DATE EXPECTED	*
DATE DRAWN	*
Neutrophils (1000/cu mm)	3.6
Reticulocytes (1000/cu mm)	7.4
Platelet count (1000/cu mm)	248
Hemoglobin (gm/dl)	12.6
Hemoglobin % CHANGE	-
Creatinine (mg/dl serum)	0.76
Creatinine CHANGE (mg/dl)	-
Creatinine % CHANGE	-
ALT	23
ALT % CHANGE	-
TOXICITY STATUS	NON-TOXIC

TREATMENT ASSIGNMENT/PHASE HYDROXYUREA / ESCALATION
LAST DOSE RECOMMENDED & CONFIRMED

STOP STATUS (LAST FV / CURRENT FV) - / -

RECOMMENDATION Send Course 1 Weeks 01-12 FV01-FV06
DOSE CHANGE / RECOMMENDED (mg/k) +15 / 15
LAST WEIGHT (kg) 52
TOTAL DOSE (mg) exact/100's 780 / 800
DAILY 500 / 200 mg CAPS 0 / 4

TREATMENT DISTRIBUTION CENTER: P R E S C R I P T I O N

3. Do you confirm this prescription recommendation? (1) YES (2) NO CONFIRM
IF YES, SKIP TO ITEM 7.
4. Order STOP? YES: Remainder of two-week cycle (1)
YES: Until further notice (Rf. Operations Committee) (2) F30_STOP
YES: Permanent (Rf. Operations Committee) (3)
NO (4)

DRUG

5. *** HYDROXYUREA *** Daily dose (mg/k)
6A. Number of 500 mg capsules daily for 17 days RX_DOSE
6b. Number of 200 mg capsules daily for 17 days CAPS_500
7a. SIGNATURE: 7b. Cert. # CAPS_200

8. PHARMACY 1. 500 mg capsules 2. 200 mg capsules
A. Lot number LOT_500 LOT_200
B. Rx # RX_500 RX_200
C. ** REFILL 6 TIMES ** Date filled RX_DT
D. R. Ph. RPH

* THESE DATA WERE GENERATED BY THE TOXICITY REVIEW/PRESCRIPTION PROGRAM AND ARE CONTAINED IN SUMMARY DATA FILE RXxxx.