

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

CURCLIN  
ID  
VISIT

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

**INITIATION OF TREATMENT STOP ORDER (CENTRAL OFFICE)**

PART I: IDENTIFYING INFORMATION

1. Patient's NAME CODE:

NAMECODE

2. A. Date:

VIS-DT

Day Month Year

B. Military time: -

VIS-HR VIS-MIN

PART II. INITIATION OF STOP ORDER

3. Stop order initiated by:

STOP-BY

- Central Office Coordinator --- ( 1 )
- Data Coordinating Center ----- ( 2 )
- Central Office On-Call Staff ----- ( 3 )
- MSH Operations Committee ----- ( 4 )
- TD Center ----- ( 5 )

4. Reason(s) for stop order:

- A. Blood count toxicity <sup>Yes No</sup> ~~BTOX-STP~~ ( 1 ) ( 3 )
- B. Placebo stop ~~PLBO-STP~~ ( 1 ) ( 2 )
- C. Confirmed toxicity/adverse effect other than blood count ~~ADV-STP~~ ( 1 ) ( 2 )

If NO, skip to Item 4D.

- GI-STP 1. GI disturbance ----- ( 1 ) ( 2 )
- SKIN-STP 2. Skin abnormality ---- ( 1 ) ( 2 )
- HAIR-STP 3. Hair loss ----- ( 1 ) ( 2 )
- ALT-STP 4. Elevated ALT/AST ---- ( 1 ) ( 2 )
- CREA-STP 5. Elevated creatinine - ( 1 ) ( 2 )
- OTH-STP 6. Other ----- ( 1 ) ( 2 )

Specify: OTH-RMK1

4. (Continued)

- D. Official unblinding --- ( 1 ) ( 2 ) <sup>Yes No</sup> UNBL-STP
- E. Pregnancy ----- ( 1 ) ( 2 ) PREG-STP
- F. Missed visit or missing data ----- ( 1 ) ( 2 ) MISS-STP
- G. Other ----- ( 1 ) ( 2 ) OTHR-STP

Specify: OTH-RMK2

5. A. Certification Number: CERT-NO

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

1. Complete page 1 of Form 33.

2. Telecopy (FAX) this form and page 1 of Form 33 to the Data Coordinating Center (435-4232), and to the Treatments Distribution Center (955-4634).

3. Keep this form and Form 33 in your files.

4. **DO NOT TRANSMIT THIS FORM TO THE CLINIC OR TO THE CENTRAL OFFICE ASSISTANT COORDINATOR.**

I.D. No.					
----------	--	--	--	--	--