

FORM REV

MULTICENTER STUDY OF HYDROXYUREA IN SICKLE CELL ANEMIA (MSH)

PATIENT CONTACT FOR TREATMENT STOP ORDER (CLINIC)

ID
VISIT

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

VIS

PART I: PATIENT IDENTIFICATION

- Patient's NAME CODE: NAMECODE
- A. Date and time of treatment stop order: VIS-PT
 Day Month Year
 B. Military time: VIS-HR : VIS-MIN

PART II: PATIENT CONTACT

- Did the Form 33 - Patient Contact for Treatment Stop Order indicate that the Central Office Assistant Coordinator had contacted the patient (Form 33, Item 5)? CO-CONT Yes No
 (1) (2)
 ↓

Skip to Item 5.

- Have MSH clinic staff contacted the patient? CL-CONT Yes No
 (1) (2)
 ↓

Skip to Item 5.

- Date of contact: CONT-DT
 Day Month Year

- Military time of contact: CONT-HR : CONT-MIN

- Did the patient agree to stop taking study treatments? AGRE-STP Yes No
 (1) (2)
- Did the patient agree to return all unused capsules at the next MSH Clinic Visit? AGRE-MED Yes No
 (1) (2)

PART III: COORDINATION

- Checked for completeness and accuracy:
 - Certification Number: _____
 - Signature: _____

Retain a copy of this form for your files. Send the original to the MSH Data Coordinating Center. Use MSH mailing labels:

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