MSH Form 35 Rev 2 11/30/93 Page 1 of 1

AULTICENTER STUDY OF HYDROXYUREA

	CLINIC NO.]				
ID	PATIENT I.D.			<u> </u>	Γ]-		1
VISIT	VISIT	F	v			- -		vĽ

RESTART TREATMENT ORDER -CENTRAL OFFICE

> A directive to restart a patient on assigned study treatment (Form 35) is initiated by Central Office staff, for a patient who was placed on a <u>temporary stop</u> (Form 33, Item 3=2) and the reason for the STOP no longer exists. Form 35 is to be completed by Central Office staff and telecopied (FAX) to the Data Coordinating Center and the clinic. A new 12-week course of study treatment will be prepared and shipped to the clinic.

1.	Patient Name Code: _NAME(OPE
2.	Date of restart order: RSTRT_BY
	Day Month Year
)	Recommended dose of new 12-week course: NEN_POSE mg/kg
4.	Checked for completeness and accuracy by:
	A. Certification Number:
	B. Signature:

Retain a copy in your files. Telecopy (FAX) this form to the MSH Data Coordinating Center (410-435-4232) and to the patient's Clinical Center.

Clinical Center staff should expect a new 12-week course of study treatment to arrive. Consult Form 20 instructions prior to the patient's next scheduled study visit. Be sure that the patient is notified to return for the next scheduled study visit.