

EVENT CLASSIFICATION FORM

INSTRUCTIONS

Crisis Review Committee members are requested to complete Items 3.-12. of Form 44 based on review Form 25 (Medical Contact). Detailed review of attachments to Form 25 may be necessary to complete Form 44.

Please use the following guidelines in completing the form.

For Items 3.-7., 9. and 9A., place a check mark or an X between the parentheses of the desired response. Mark one response per item. For Item 8., please write-in one to three diagnoses for the medical contact.

For Item 10., provide brief but explicit requirements for any additional information, if needed. For example, if you note "Chest X-ray", every attempt will be made to obtain the film for your review. If you note "Chest X-ray report", a standard report or narrative abstract of the chest X-ray will be obtained from the Clinical Center.

FORM REV

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

**CRISIS REVIEW COMMITTEE
EVENT CLASSIFICATION FORM**

CLINIC NO.			CURCLIN				ID
I.D. NO.							VISIT
VISIT	F	X					

↑
CODER44

PART I: IDENTIFYING INFORMATION

1. Patient Name Code: NAMECODE

2. Date of and time of presentation: A. Day - Month - Year

B. Military time: :

PRESDATI

PART II: EVENT

3. Did this patient have pain on presentation? Yes (1) No (2) Uncer- (3) tain

PAIN-EVT

If NO, or UNCERTAIN, skip to Item 6.

4. Was the patient in acute pain unrelated to sickle cell anemia? Yes (1) No (2) Uncer- (3) tain

PAIN-NSC

5. Did the patient have pain from a sickle cell anemia-related chronic condition(s) (e.g., gout, ankle ulcer, aseptic necrosis) at the time of this event? Yes (1) No (2) Uncer- (3) tain

PAIN-SC

6. Did this event involve:

A. Chest syndrome (or pneumonia) CHEST-SY	Yes (1)	No (2)	Uncer- (3) tain
B. Hepatic sequestration HEPSEQ	(1)	(2)	(3)
C. Hematuria HEMATUR	(1)	(2)	(3)
D. Stroke STROKE	(1)	(2)	(3)
E. Death FATAL	(1)	(2)	(3)

7. Did this event involve an acute vaso-occlusive (painful) crisis? **CRISIS**

Yes (1) No (2) Uncer- (3) tain

8. Diagnoses: A. DIAG-A
B. DIAG-B
C. DIAG-C

PART III: INFORMATION REQUIRED

9. Was the answer to any of Item 3-7, UNCERTAIN? Yes No
(1) (2)
UNCERT

If NO, skip to Part IV.
If the answer to Item 7 is UNCERTAIN,
this event is not finally classified.

A. Is any additional information necessary? Yes No
(1) (2)
ADD-INFO

If the answer to Item 7 is UNCERTAIN,
additional information must be necessary.
If NO additional information is necessary,
skip to Part IV.

10. What additional information is needed?

