RAYNAUD'S TREATMENT STUDY

# NON-RANDOMIZATION REPORT

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Complete this form for any patient who was considered eligible at the Screening Visit, but who later was determined to be ineligible.

ID No.				
Form Type	N	R	0	1

•	Date the patient was determined to be ineligible:		
		ay	Year
rt_	II: Reason for Incligibility		# %
		P	S_ANA.
,	The patient has a positive ANA titer (greater than 1:320):	( ;) Yes	( <sub>2</sub> ) No
	The patient withdrew from evaluation for eligibility for the study:	(3)	~ ~
		Yes	No
	The patient was unable or unwilling to complete the Raynaud's Attack Cards and Daily Diaries:	( <sub>1</sub> ) Yes	INABLE (2) No
	The patient is pregnant, planning to become pregnant, or lactating:	( ) Yes	PREG 05 ( ,) No
	Serum creatinine > 2.0 mg/dl:	( ,) Yes	CREAT (,) No
			othrea
	other	Yes	*
	Specify: <u>NETU-NIK</u>		
Œ	III: Administrative Matters		
	Research Coordinator:		
	Signature: RTS Staff No.:		

### RAYNAUD'S TREATMENT STUDY

## NON-RANDOMIZATION REPORT

RTS Form 05 Rev. 0 10/20/93 Page 1 of 1

Complete this form for any patient for whom a Patient Screening Report (Form 02) was submitted but who is not eligible for randomization.

ID No.				
Form Type	N	R.	Ü	1

<u>Fart</u>	I: Visit Identification		
1.	Patient's initials:		
2.	Date the patient was determined to be incligible:	Day.	Year
Part	II: Reason for Ineligibility		
3,	The patient has a positive ANA titer (greater than 1:320):	Yes	No
4.	The patient withdrew from the study:	Yes	WITH DREW (2) No
5.	The patient was unable or unwilling to complete the Raymaud's Attack Cards and Daily Diaries:	· · · · · · · · · · · · · · · · · · ·	UNABLE (2) No
6,.	Other	Yes	OTHREAS (3) No
	Specify: REAS-RAK		
Part	III: Administrative Matters		
7.	Research Coordinator:		
	Signature: RTS Staff No.	·	
8.	Date form completed: Month	Day	Year

FORM 05 (Rev. 0, 1)

### NON-RANDOMIZATION REPORT

<u>ITEM</u>	<u>NAME</u>	TYPE AND LENGTH	CODES OR UNITS
HEADER	NEWID	I(4)	Patient ID
3	POS_ANA	I(1)	1 = Yes, 2 = No
4 (Rev 0) 4 (Rev 1)	WITHDREW WITHDRW1	l(1) l(1)	1 = Yes, 2 = No 1 = Yes, 2 = No
5	UNABLE	I(1)	1 = Yes, 2 = No
6 (Rev 0)	OTHREAS REAS_RMK	I(1) CHAR(1)	1 = Yes, 2 = No 1 = Remark written on form
6 (Rev 1)	PREG05	I(1)	1 = Yes, 2 = No
7 (Rev 1)	CREAT	I(1)	1 = Yes, 2 = No
8 (Rev 1)	OTHREAS REAS_RMK	I(1) CHAR(1)	1 = Yes, 2 = No 1 = Remark written on form

f05q4(r1) Withdrew from evaluation

#### CONTENTS PROCEDURE

Data Set Name: RTS. FORMO5 Observations: 100 Member Type: DATA Vari abl es: 9 Engi ne: Indexes: 0 Created: 11:06 Thursday, April 27, 2000 Observation Length: 37 Last Modified: 11:06 Thursday, April 27, 2000 Deleted Observations: 0 Compressed: NO Protection: Data Set Type: Sorted: NO Label:

-----Engine/Host Dependent Information-----

Data Set Page Size: 8192
Number of Data Set Pages: 1
File Format: 607
First Data Page: 1
Max Obs per Page: 220
Obs in First Data Page: 100

-----Alphabetic List of Variables and Attributes-----

# Variable Type Len Pos Format Informat Label

4 17 1.

6 WI THDRW1 Num

f05q7 Serum creatinine > 2.0 8 CREAT Num 4 25 1. BEST22. 9 NEWID Num 29 4. Patient ID 4 OTHREAS Num 12 1. BEST22. f05q8 Other reason for ineligibility 1 POS\_ANA Num 4 0 1. BEST22. f05q3 Positive ANA titer 7 PREGO5 Num 21 1. BEST22. f05q6 Pregnant, planning, or lactating 4 5 REAS\_RMK Char 1 16 f05q8 Specify other reason 3 UNABLE Num 8 1. BEST22. f05q5 Unable to complete attack cards 2 WI THDREW Num 4 1. BEST22. f05q4(r0) Withdrew from the study

BEST22.

Vari abl e	Label	N	Mean	Std Dev	Mi ni mum	Maxi mum
POS_ANA	f05q3 Positive ANA titer	100	1. 8	0. 4	1. 0	2. 0
WI THDREW	f05q4(r0) Withdrew from the study	6	1. 7	0. 5	1. 0	2. 0
UNABLE	f05q5 Unable to complete attack cards	100	1. 7	0. 5	1. 0	2. 0
OTHREAS	f05q8 Other reason for ineligibility	100	1.4	0. 5	1. 0	2. 0
WI THDRW1	f05q4(r1) Withdrew from evaluation	94	1. 6	0. 5	1. 0	2. 0
PREG05	f05q6 Pregnant, planning, or lactating	94	1. 9	0. 2	1. 0	2. 0

94

2. 0

0.0

RTS form05

13: 59 Wednesday, May 3, 2000 1

2. 0

2. 0

NEWID Patient ID 100 437.3 72.8 314.0 556.0

CREAT

f05q7 Serum creatinine > 2.0

Frequency Missing = 44