

30-32 (1) FORM NUMBER

33 (2) VERSION

40 (518) SEQUENCE

REPORT OF STUDY DRUG DISCLOSURE

1. SHEP ID: (3) [22][23] - (4) [24][25][26][27] - (5) [28][29]

2. Acrostic: (6) 41-46 [][][][][][][][]

3. Date of disclosure: [36][37] [38][39] [34][35] (7)
Month Day Year

4. Date this form completed: [49][50] [51][52] [47][48] (8)
Month Day Year

5. Reason for disclosure (check all that apply):

- 53 a (9) 1 Suspect adverse reaction to SHEP medications
- 54 b (10) 1 Diagnostic test and/or surgery where there was not time to taper patient off medication without unblinding
- 55 c (11) 1 Other medical reasons (specify in Comments, Item 8)
- 56 d (12) 1 Private physician request, no reason given
- e (13) 1 Patient curiosity
- 57 f (14) 58 1 Other (specify in Comments, Item 8)

6. The following persons know which SHEP medication is being taken by the participant (check all that apply):

- 59 a (15) 1 Participant
- 60 b (16) 1 SHEP personnel
- c (17) 1 Pharmacy
- 61 d (18) 1 Participant's private physician
- 62 e (19) 63 1 Other → Specify: _____

7. Was the Chairman of the Steering Committee, or the Coordinating Center, consulted prior to unblinding?

- 1 Yes (20) 64
- 2 No → Explain in Comments, Item 8

8. Comments: 65 (21) P 0/1

9. Signature of person completing form: _____ (22) [66][67] Code

RECORD TYPE (23) 68

PAPER COPY (27) 85 84

(514) BATCH DATE 3-8

DATE RECEIVED (24) 69-74

(28) Cross-Forms Edit Status

(515) DATE MODIFIED 11-16

UPDATE NUMBER (25) 75-77

(516) TIME MODIFIED 17-20

DATE LAST PROCESSED (26) 78-83

(517) EDIT STATUS 21