

BABY HUG FOLLOW-UP STUDY II

ENROLLMENT

PART I: IDENTIFYING INFORMATION

1. Patient's ID Number: _____ 2. Current Clinic: _____
SUBJECT_ID SITE_ID
3. Patient's Letter Code: _____ LETTER_CD
4. Form Date: _____ - _____ - _____ VISIT_DT
Month Day Year

PART II: ENROLLMENT INFORMATION

- | | TREAT_COMPLET_1 | Yes | No |
|----------------------------------------------------------------------------------|-----------------|-----|--------|
| 1. Did this child complete at least 24 mos of follow-up in BABY HUG Follow-up I? | (1) | (2) | (inel) |

If No, Skip to Part III.1.

- | | | Yes | No |
|----|--------------------------------------------------------------------|--------|-----|
| 2. | Has this child had a stem cell transplant since December 31, 2011? | (1) | (2) |
| | | (inel) | |

If Yes, Skip to Part III.1 and complete Form 26.

3. Has informed consent been obtained? (1) (2)

If No, Skip to Part III.1.

- #### 4. Consent Information:

- A. Consent Date: _____ - _____ - _____ CONSENT_DT
 Month Day Year

- | | | | Yes | No | N/A |
|----|--------------------------------------------------------------------------------------------------------|----------------------|-----|-----|-----|
| B. | Consent for data file to include child's information? | DATA_CONSENT | (1) | (2) | |
| C. | Consent for blood specimens to be saved indefinitely? | BLOOD_SAVE_CONSENT | (1) | (2) | |
| D. | Consent for urine to be saved indefinitely? | URINE_SAVE_CONSENT | (1) | (2) | |
| E. | Consent for blood samples to be used for future research on sickle cell disease and related disorders? | BLOOD_FUTURE_CONSENT | (1) | (2) | |
| F. | Consent for urine samples to be used for future research on sickle cell disease and related disorders? | URINE_FUTURE_CONSENT | (1) | (2) | |
| G. | Consent for DNA testing to be performed on blood samples? | DNA_CONSENT | (1) | (2) | |
| H. | Was Assent signed? | ASSENT | (1) | (2) | (3) |

ID Number				Visit			Seq		
							-		

		Active	Passive
5. Follow-up Group:	FOLLOWUP_GROUP	(1)	(2)

PART III: COORDINATION

1. Checked for completeness and accuracy:

A. Certification number: ____ - ____ **CERT_NO**

B. Signature: _____ **CERT_SIG**

C. General Comments: _____ **GEN_CMNT**

ID Number				Visit			Seq		
							-		