

BABY HUG FOLLOW-UP STUDY II

SPECIAL TESTS (AGE 10)
(All Active Subjects)

PART I: IDENTIFYING INFORMATION

1. Subject ID Number: _____ **SUBJECT_ID** 2. Current Clinic: _____ **SITE_ID**
3. Subject Letter Code: _____ **LETTER_CD**
4. Visit Start Date: _____ - _____ - _____
VISIT_DT Month Day Year

PART II: SPECIAL TESTS AND PROCEDURES

1. Liver/Spleen Scan Performed? _____ **LIVER_SCAN** Yes (1) No (2)

IF YES, RECORD DATE PERFORMED AND COMPLETE FORM 21.

- A. Date Liver/Spleen Scan Performed: _____ - _____ - _____
LIVER_SCAN_DT Month Day Year

2. Abdominal Sonogram Performed? _____ **ABDOMINAL_SONO** Yes (1) No (2)

IF YES, RECORD DATE PERFORMED AND COMPLETE FORM 23.

- A. Date Abdominal Sonogram Performed: _____ - _____ - _____
ABDOMINAL_SONO_DT Month Day Year

3. TCD Performed? _____ **TCD** Yes (1) No (2)

IF YES, RECORD DATE PERFORMED AND COMPLETE FORM 13.

- A. Date TCD Performed: _____ - _____ - _____
TCD_DT Month Day Year

4. PFT Performed? PFT Yes No
(1) (2)

IF YES, RECORD DATE PERFORMED AND COMPLETE FORM 31.

A. Date PFT Performed: _____ - _____ - _____
PFT_DT Month Day Year

5. Cardiac Echocardiogram Performed? CARDIAC Yes No
(1) (2)

IF YES, RECORD DATE PERFORMED AND COMPLETE FORM 32.

A. Date Echocardiogram Performed: _____ - _____ - _____
CARDIAC_DT Month Day Year

6. MRI/MRA Performed? MRIMRA Yes No
(1) (2)

IF YES, RECORD DATE PERFORMED AND COMPLETE FORM 33.

A. Date MRI/MRA Performed: _____ - _____ - _____
MRIMRA_DT Month Day Year

7. Vineland Performed? VINELAND Yes No
(1) (2)

IF YES, RECORD DATE PERFORMED AND COMPLETE FORM 27.

A. Date Vineland Performed: _____ - _____ - _____
VINELAND_DT Month Day Year

8. Peds QOL Performed? PEDSQOL Yes No
(1) (2)

IF YES, RECORD DATE PERFORMED AND COMPLETE FORM 29.

A. Date Peds QOL Performed: _____ - _____ - _____
PEDSQOL_DT Month Day Year

ID Number	-	Visit	-	Seq

9. Connor CPT II Performed? CONNORCPT2 Yes (1) No (2)

IF YES, RECORD DATE PERFORMED AND COMPLETE FORM 30.

A. Date Connor CPT II Performed: CONNORCPT2_DT Month - Day - Year

10. WISC IV Performed? WISC4 Yes (1) No (2)

IF YES, RECORD DATE PERFORMED AND COMPLETE FORM 28.

A. Date WISC IV Performed: WISC4_DT Month - Day - Year

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