

**Baby hug Follow-up Study (BHFS)
ENROLLMENT**

Form 001
Revision 2

Tue Sep 22 10:14:39 EDT 2015

Subject: SUBJECT_ID	Letter Code: LETTER_CD	Visit: VISIT_NBR
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1. Visit Date: VISIT_DT

Part II: Enrollment Information

1. Did this child complete at least 18 mos. of randomized treatment in BABY HUG?

TREAT_COMPLET

If No, Skip to Part III.1.

(inel)

2. Has informed consent been obtained?

FOLLOWUP_STUDY

If No, Skip to Part III.1.

3. Consent Information;

A. Consent Date:

CONSENT_DT

B. Consent for data file to include child's information?

DATA_CONSENT

C. Consent for blood and urine specimens to be saved indefinitely?

BLOOD_SAVE_CONSENT

D. Consent for blood and urine specimens to be used for future research on sickle cell disease and related disorders?

BLOOD_FUTURE_CONSENT

4. Follow-up Group

FOLLOWUP_GROUP

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5. End of randomization - Therapy of choice

A. Open Label Hydroxyurea?

HYDROXYUREA

If Yes, Complete Form 2 - Patient Treatment Plan

B. Chronic Transfusion?

CHRONIC_TRANSFUSION

C. Other?

OTHER

1. If yes, specify:

SP

PART III: COORDINATION

1. Checked for completeness and accuracy:

A. Certification number:

CERT_NO

B. Signature

CERT_SIG

C. General Comments

GEN_CMNT
