

Baby hug Follow-up Study (BHFS)
24_MONTH SPECIAL TESTS AND LABORATORY TESTS (Active Patients Only)

Form 020
Revision 2

Tue Sep 22 10:25:44 EDT 2015

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

PART II: BLOOD COLLECTION

1. Were blood specimens collected as part of active follow-up?

BLOOD_COLLECT

If No, skip to Part III.

2. HbF (0.5 ml EDTA lavender top):

A. Label Number:

HBF_LABEL	HBF_LABEL_ND
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B. Date Collected:

HBF_DT

3. Howell-Jolly Bodies (0.1ml EDTA lavender top):

A. Label Number:

HOWELL_LABEL	HOWELL_LABEL_ND
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B. Date Collected:

HOWELL_DT

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4. Pitted Cell (0.1 ml EDTA lavender top):

A. Label Number:

CELL_LABEL	CELL_LABEL_ND
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B. Date Collected:

CELL_DT

5. Cystatin C (0.5 ml red top):

A. Label Number:

CYSTATIN_LABEL	CYSTATIN_LABEL_ND
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B. Date Collected:

CYSTATIN_DT

6. Creatinine (0.5 ml red top):

A. Label Number:

CREATININE_LABEL	CREATININE_LABEL_ND
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B. Date Collected:

CREATININE_DT

PART III: SPECIAL TESTS AND PROCEDURES

1. Liver/Spleen Scan Performed?

LIVER_SCAN

If Yes, record date performed and complete Form 21.

A. Date Performed:

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2. Abdominal Sonogram Performed?

ABDOMINAL_SONO

If Yes, record date performed and complete Form 23.

A. Date Performed:

ABDOMINAL_SONO_DT

3. Neuropsychology Testing (WPPSI) Performed?

NEUROPSYCH_TEST

If Yes, record date performed and complete Form 24.

A. Date Performed:

NEUROPSYCH_DT

PART IV: COORDINATION

1. Checked for completeness and accuracy:

A. Certification number:

CERT_NO

B. Signature

CERT_SIG

C. General Comments

GEN_CMNT
