ELIGIBILITY SCREENING I

PART I: IDENTIFYING INFORMATION

1. Patient's ID Number: [ ][ ][ ][ ] ID
2. Current Clinic: [ ][ ] SITE
3. Patient's Letter Code: [ ][ ][ ] INITS
4. Visit: VISIT [0][0][M] - sequence # [0][0] SEQNO
5. Visit Date: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ] VIS_DT
   Month Day Year

PART II: INCLUSION CRITERIA

		Yes	No
1.	Diagnosis of Hb-SS or Hb S-beta-0-thal? . . . . . DIAGHBSS	(1)	(2) (INEL)
2. A.	Date of Birth: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ] BIRTH_DT Month Day Year		
B.	Is the child between 9 and 17 months of age inclusive? AGEINCL4	(1)	(2) (HOLD)
	If NO, answer Item 2C.		
C.	Will the child be between 9 and 17 months of age inclusive, during the study recruitment period? WILL1217	(1) (HOLD)	(2) (INEL)
3.	Has informed consent been obtained? CONSNT04	(1)	(2) (HOLD)
4.	Has HIPAA authorization form been obtained? HIPAA04	(1)	(2) (HOLD)
5.	Does the family have telephone service for contact as required? PHONE04	(1)	(2) (HOLD)

PART III: EXCLUSION CRITERIA

				Yes	No
1.	A.	Splenectomy?	SPLENCBL	(1) (INEL)	(2)
	B.	Chronic transfusion program?	CHRTRFBL	(1) (INEL)	(2)
	C.	Transfusion within last 2 months?	TRN2MO04	(1) (HOLD)	(2)
		1. If yes, Date ☐☐☐ - ☐☐ - ☐☐☐☐ (Month - Day - Year)	TRN04_DT		
	D.	Known hereditary persistence of Hb-F?	HERPHFBL	(1) (INEL)	(2)
	E.	Stroke or Grade III/IV intracranial	STROKEBL	(1) (INEL)	(2)
	F.	Malignancy?	MALIGBL	(1) (INEL)	(2)
	G.	Cerebral palsy and/or mental retardation? . . .	PALSYBL	(1) (INEL)	(2)
	H.	Other condition or severe chronic illness?	OTHCHRBL	(1) (INEL)	(2)
	I.	S-beta+ thalassemia?	SBTHALBL	(1) (INEL)	(2)
	J.	Previous or current hydroxyurea therapy? . . .	PRVHUBL	(1) (INEL)	(2)
	K.	Other antisickling agent, previous or current?	ANTISKBL	(1) (INEL)	(2)
	L.	Current participation in other intervention	TRIALSBL	(1) (INEL)	(2)

PART IV: SIBLING INFORMATION

			Yes	No
1.	Does the child have a sibling either enrolled or in screening in BABY HUG?	SIB_ENR	(1)*	(2)
	*A. If yes, what is the sibling's Patient ID?	SIBLING	☐☐☐☐	

PART V: 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