

B. Specimen collected:

- | | | | | | | | |
|---|-----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1. Hematology (0.5 ml EDTA lavender-top) | SCHEMAT | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. Biochemistry specimen collected just prior to urine osmolality specimen (2.0 ml red-top) | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | SCBIOCH | | | | | |
| 3. Pitted cell count specimen collected and prepared within 1 hour of collection (0.1 ml EDTA lavender top) | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | SCPITCEL | | | | | |
| 4. Cytogenetics (4.0 ml Na Heparin green top) | SCCYTOG | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. DNA (3.0 ml EDTA lavender top) | SCDNA | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6. Immunology (record labels on Form 42) | SCIMMUN | Yes
(1) | No
(2) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7. Penicillin compliance specimen | SCPENCIL | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8. Consent for specimens to be used in other research, teaching or new product development by this university medical center and its staff. | SCCONS1 | Yes
(1) | No
(2) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9. Consent for other doctors to use stored specimens to study an illness not related to sickle cell anemia. | SCCONS2 | Yes
(1) | No
(2) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

PART IV: SPECIAL TESTS AND PROCEDURES

1. Please record the dates that the following special tests or procedures were performed:

- | | | Month | Day | Year | |
|--------------------------------|-----------------|----------------------|----------------------|----------------------|----------------------|
| A. Urinalysis | URNLS_DT | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| B. Urine concentrating ability | URNCA_DT | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| C. Liver-spleen scan | LIVSP_DT | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| D. Abdominal ultrasound | | <input type="text"/> | <input type="text"/> | <input type="text"/> | ABULT_DT |
| 1. How many hours NPO? | | <input type="text"/> | <input type="text"/> | | ABD_NPO |
| E. Neurological Evaluation | | <input type="text"/> | <input type="text"/> | <input type="text"/> | NEFCH_DT |
| F. Bayley's | | <input type="text"/> | <input type="text"/> | <input type="text"/> | BAYL_DT |
| G. Vineland | | <input type="text"/> | <input type="text"/> | <input type="text"/> | VINLD_DT |

ID Number	Visit	Seq
<input type="text"/>	<input type="text"/>	<input type="text"/>
	-	<input type="text"/>

5. Child's recumbent length
- A. Measurement #1 . cm **AVERAGE HEIGHT = HEIGHT HEIGHT1**
- B. Measurement #2 . cm **HEIGHT2**
- C. Measurement #3 . cm **HEIGHT3**
 (If #1 and #2 differ by more than 0.5 cm)
- D. Rate hair style interference on child's length **HAIRHGT**
 None (1)
 Some (2)
 Not noted (3)

6. Child's weight
- A. Measurement #1 . kg **AVERAGE WEIGHT = WEIGHT WEIGHT1**
- B. Measurement #2 . kg **WEIGHT2**
- C. Measurement #3 . kg **WEIGHT3**
 (If #1 and #2 differ by more than 0.2 kg)

7. Child's head circumference
- A. Measurement #1 . cm **AVERAGE HEAD CIRCUMFERENCE = HEADC HEADC1**
- B. Measurement #2 . cm **HEADC2**
- C. Measurement #3 . cm **HEADC3**
 (If #1 and #2 differ by more than 0.4 cm)
- D. Rate hair style interference on child's head circumference? **HAIR**
 None (1)
 Some (2)
 Not noted (3)

8. Anthropometry measurement date **MSRMT_DT**
 - -
 Month Day Year

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