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][0] - sequence # [0][0] **SEQNO**

5. Visit Start Date: ☐☐☐ - ☐☐ - ☐☐☐☐ **VISIT_DT**
    Month   Day   Year

PART II: FINAL REVIEW

                                                              Yes   No
                                                              (1)   (2)
1. Has patient been transfused since randomization? **TRNRND21**

    | If **YES**, complete Event Form 50. |

2. Routine study visit blood collection
    A. Hematology/HbF (required) (0.5 ml EDTA lavender-top)   **HBF21** ☐☐☐☐☐

    B. Biochemistry (required) (1.0 ml red-top)   **BIOCHEM** ☐☐☐☐☐

PART III: DISPENSED TREATMENT

1. A. Record bottle # of study treatment dispensed to patient today.

        ☐☐☐☐☐☐☐☐☐   **TXBOTNO**

    B. Daily dose
        1.   ☐☐☐ . ☐ mg   **TXDOSEMG**

        2.   ☐ . ☐ ml   **TXDOSEML**

PART IV: CHILD'S MEASUREMENTS

1. Child's recumbent length   **AVERAGE HEIGHT = HEIGHT**
    A. Measurement #1   ☐☐☐ . ☐ cm   **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   **HAIRHGHT**
        None   (1)
        Some   (2)
        Not noted   (3)

2. Child's weight   **AVERAGE WEIGHT = WEIGHT**

   A.   Measurement #1   ☐☐ . ☐ kg   **WEIGHT1**

   B.   Measurement #2   ☐☐ . ☐ kg   **WEIGHT2**

   C.   Measurement #3   ☐☐ . ☐ kg   **WEIGHT3**
       (If #1 and #2 differ by more than 0.2 kg)

3. Child's head circumference   **AVERAGE HEAD CIRCUMFERENCE = HEADC**

   A.   Measurement #1   ☐☐ . ☐ cm   **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)

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

☐☐☐☐   ☐☐☐ - ☐☐