

**PEDIATRIC HYDROXYUREA CLINICAL TRIAL**  
**PRE-OPERATIVE TRANSFUSION**

**PART I: IDENTIFYING INFORMATION**

1. Patient's ID Number:  <sup>ID</sup>      2. Current Clinic:  <sup>SITE</sup>
3. Patient's Letter Code:  <sup>INITS</sup>      4. Visit:  <sup>VISIT</sup> -  <sup>Sequence #</sup>  
<sup>SEQNO</sup>
5. Transfusion Date:  <sup>Month</sup> -  <sup>Day</sup> -  <sup>Year</sup> <sup>VIS\_DT</sup>

**PART II: TRANSFUSION**

1. Transfusion Type:      (1) Simple <sup>TR\_TYPE</sup>  
   (2) Exchange
2. Volume (answer A or B):  
    A. Whole Blood       cc <sup>TRVOLWBL</sup>  
    OR   
    B. Packed Red Cells       cc <sup>TRVOLPR2</sup>
3. Start Date:       <sup>Month</sup> -  <sup>Day</sup> -  <sup>Year</sup> <sup>TSTRT\_DT</sup>
4. Stop Date:       <sup>Month</sup> -  <sup>Day</sup> -  <sup>Year</sup> <sup>TSTOP\_DT</sup>
5. Transfusion Reason: \_\_\_\_\_ <sup>TR\_SP</sup>

**PART III: COORDINATION**

1. Checked for completeness and accuracy:
- A. Certification Number:  -  <sup>CERT\_NO</sup>
- B. Signature: \_\_\_\_\_ <sup>CERT\_SIG</sup>
- C. General Comments: \_\_\_\_\_ <sup>GEN\_CMNT</sup>