

**TREATMENT STOP ORDER**

**PART I: IDENTIFYING INFORMATION**

1. Patient's ID Number:     ID
2. Current Clinic:   SITE
3. Patient's Letter Code:    INITS
4. Visit:    VISIT -   sequence # SEQNO
5. Date of Order:    -   -     VIS\_DT  
 Month Day Year

**PART II: INITIATION OF STOP ORDER**

1. Stop order initiated by: STOPBY
- Clinical Center staff (1)
  - Medical Coordinating Center (2)
  - Operations Committee (3)
2. Type of stop order:
- Temporary stop/automatic restart (1) TPSTOPTX
  - Temporary stop/conditional restart (2)
  - Permanent stop/never restart (3)
3. Is Clinical Center staff directed to contact the patient's caregiver and instruct him/her to stop giving study medication to the patient? YES NO CCSTOPTX  
 (1) (2)

If NO, Skip to PART IV.

**PART III: STOP ORDER IMPLEMENTATION**

1. Did the Clinical Center staff contact the patient's caregiver? YES NO **CCCONTPT**  
 (1) (2)

IF YES, ANSWER: **CCCNTDT**

A. Date .....    -   -      
 Month Day Year

B. Military time: .....   :    
**CONTHR** **CONTMN**

**SKIP TO ITEM 3.**

2. IF NOT CONTACTED:

A. How many attempts were made to contact the patient's caregiver? **ATTMCONT**

B. Date and time contact attempts ended: **ENDCONDNT**

1. Date    -   -      
 Month Day Year

2. Military time:   :    
**ENDCONHR** **ENDCONMN**

**SKIP TO PART IV.**

3. Did the patient's caregiver agree to stop giving study treatment to the patient? YES NO **PTAGR**  
 (1) (2)

4. Did the patient's caregiver agree to return all unused study medication at the next BABY HUG Clinic Visit? YES NO **PTAGRTRN**  
 (1) (2)

**PART IV: 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