

Comprehensive Sickle Cell Centers	Medical History Form Part I	Page: {section.pageNumber}
Collaborative Data Project	<p>Date Form Completed: <input type="text" value="MDH1:COMPDA"/> / <input type="text" value="MDH1:COMPMO"/> / <input type="text" value="MDH1:COMPYR"/> DD MMM YYYY</p> <p>Form Completed by: <input type="text" value="MDH1:COMPINT"/></p>	<p>CSCC ID: {subject.name}</p> <p>Center code: {center.name}</p> <p>Hospital code: {center.hospital.name}</p>

Date patient first seen in your center: / /
DD MMM YYYY

Was the patient's sickle cell diagnosis detected by newborn screening?

(MDH1:NEWSCR) Yes (MDH1:NEWSCR) No (MDH1:NEWSCR) Unknown

Weight: (MDH1:WTUNIT) lb (MDH1:WTUNIT) kg

Height: (MDH1:HTUNIT) in (MDH1:HTUNIT) cm

See guidelines for specific instructions.

Date of weight measurement: / /
DD MMM YYYY

Date of height measurement: / /
DD MMM YYYY

Is this patient currently participating in a research study? (MDH1:CURSTUD) Yes (MDH1:CURSTUD) No

For CSCC studies, please check "Yes" even if study participation has been completed.

[If Yes] Check all that apply

- (MDH1:ARGINE) Arginine
- (MDH1:NEURO) Neuropsych
- (MDH1:HUMAG) Hydroxyurea-Magnesium
- (MDH1:PRIAP) Priapism (multi-center)
- (MDH1:DEXAM) Dexamethasone
- (MDH1:DECIT) Decitabine
- (MDH1:METHA) Methadone
- (MDH1:WTCN) Within-Center Study (specify)
- (MDH1:OTHST) Other study (specify)

There are no restrictions on participation in C-Data. However, there may be restrictions in other studies that would prohibit participation in C-Data. Please consult the inclusion/exclusion criteria for other studies in which this patient is currently enrolled.

Comments for page:

Submit Query

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Form Completion Help

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