

Comprehensive Sickle Cell Centers	Acute Splenic Sequestration	Anemia CRF Page 2 of 2
Protocol # 2 Collaborative Data Project	Form Completed by <input type="text" value="ACU1:COMPINT"/>	CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}

How many times has this subject had an acute splenic sequestration during the report period?

Date clinical diagnosis was made: //
DD MMM YYYY Delete Diagnosis

Baseline Hgb: g/dL Lowest Hgb: g/dL

Lowest platelet count: x 10³/mm³

Was the spleen palpable? (ACU2:SPLPALP)Yes (ACU2:SPLPALP)No

Was the spleen enlarged ≥ 2 cm from previous exam? (ACU2:SPLENL)Yes (ACU2:SPLENL)No
If yes, record spleen size in cm below costal margin:

At the time of diagnosis: **OR** (ACU2:UNK1) Unknown
At most recent non-acute exam: **OR** (ACU2:UNK2) Unknown

Was subject transfused? (ACU2:TRANSF)Yes (ACU2:TRANSF)No

If no and the Lowest hgb is ≤ 4.0, please provide an explanation:

Did the event result in death?
 (ACU2:DEATH)Yes (ACU2:DEATH)No