This report covers the following period: **Start date:** {STARTDT} through **End date:** {ENDDT}

Selected Medications

Record any of the listed medications used by the patient during the report period.

Medications	Yes	No	Unk	Specify	Start Date DD/MMM/YYYY	Previously Reported	End Date DD/MMM/YYYY	Ongoing
Hydroxyurea	☐ (AFMD:HYDROX)	☐ (AFMD:HYDROX)	☐ (AFMD:HYDROX)		AFMD:HYDSTDA / AFMD:HYDSTMO / AFMD:HYDSTYR	☐ (AFMD:HYDPR)	AFMD:HYDENDA / AFMD:HYDENMO / AFMD:HYDENYR	☐ (AFMD:HYDONGO)
Other Anti-Sickling Agents	☐ (AFMD:ANTISIC)	☐ (AFMD:ANTISIC)	☐ (AFMD:ANTISIC)	AFMD:ATSICS	AFMD:ANTSTDA / AFMD:ANTSTMO / AFMD:ANTSTYR	☐ (AFMD:ANTPR)	AFMD:ANTENDA / AFMD:ANTENMO / AFMD:ANTENYR	☐ (AFMD:ANTONGO)
Prophylactic Penicillin, other Prophylactic Antibiotics	☐ (AFMD:PROPH)	☐ (AFMD:PROPH)	☐ (AFMD:PROPH)		AFMD:PROSTDA / AFMD:PROSTMO / AFMD:PROSTYR	☐ (AFMD:PROPR)	AFMD:PROENDA / AFMD:PROENMO / AFMD:PROENYR	☐ (AFMD:PROONGO)
Desferal	☐ (AFMD:DESFER)	☐ (AFMD:DESFER)	☐ (AFMD:DESFER)		AFMD:DESSTDA / AFMD:DESSTMO / AFMD:DESSTYR	☐ (AFMD:DESPR)	AFMD:DESENDA / AFMD:DESENMO / AFMD:DESENYR	☐ (AFMD:DESONGO)
Oral iron chelator (Exjade/deferasirox)	☐ (AFMD:IRONCH)	☐ (AFMD:IRONCH)	☐ (AFMD:IRONCH)		AFMD:IROSTDA / AFMD:IROSTMO / AFMD:IROSTYR	☐ (AFMD:IROPR)	AFMD:IROENDA / AFMD:IROENMO / AFMD:IROENYR	☐ (AFMD:IROONGO)
Oxygen at home	☐ (AFMD:OXYGEN)	☐ (AFMD:OXYGEN)	☐ (AFMD:OXYGEN)		AFMD:OXYSTDA / AFMD:OXYSTMO / AFMD:OXYSTYR	☐ (AFMD:OXYPR)	AFMD:OXYENDA / AFMD:OXYENMO / AFMD:OXYENYR	☐ (AFMD:OXYONGO)
Antidepressants	☐ (AFMD:ANTDEP)	☐ (AFMD:ANTDEP)	☐ (AFMD:ANTDEP)	AFMD:ANTDEPS	AFMD:DEPSTDA / AFMD:DEPSTMO / AFMD:DEPSTYR	☐ (AFMD:DEPPR)	AFMD:DEPENDA / AFMD:DEPENMO / AFMD:DEPENYR	☐ (AFMD:DEPONGO)
Anticonvulsants	☐ (AFMD:ANTCON)	☐ (AFMD:ANTCON)	☐ (AFMD:ANTCON)	AFMD:ANTCONS	AFMD:CONSTDA / AFMD:CONSTMO / AFMD:CONSTYR	☐ (AFMD:CONPR)	AFMD:CONENDA / AFMD:CONENMO / AFMD:CONENYR	☐ (AFMD:CONONGO)
Narcotics Daily, 30+ days	☐ (AFMD:NARCO)	☐ (AFMD:NARCO)	☐ (AFMD:NARCO)		AFMD:NARSTDA / AFMD:NARSTMO / AFMD:NARSTYR	☐ (AFMD:NARPR)	AFMD:NARENDA / AFMD:NARENMO / AFMD:NARENYR	☐ (AFMD:NARONGO)
Other Alternative Therapies (herbal treatments, antioxidants, vitamin C, etc.)	☐ (AFMD:ALTER)	☐ (AFMD:ALTER)	☐ (AFMD:ALTER)	AFMD:ALTERS	AFMD:ALTSTDA / AFMD:ALTSTMO / AFMD:ALTSTYR	☐ (AFMD:ALTPR)	AFMD:ALTENDA / AFMD:ALTENMO / AFMD:ALTENYR	☐ (AFMD:ALTONGO)

Selected Lab Tests

Please record the most recent blood counts (if available) from during the report period. The values MUST be from when the patient was an outpatient and had not been transfused or hospitalized for at least 2 months. The patient should have also not been experiencing any other clinical event that would influence these labs (i.e., parvovirus) at the time the labs were drawn.

Does this patient have labs recorded during the report period that meet the criteria described above? ☐ (AFMD:CHTRLAB)Yes ☐ (AFMD:CHTRLAB)No

If Yes,

Test	Most Recent Specimen Date DD / MMM / YYYY	Result	Comment
Hgb	AFMD:HGBDA / AFMD:HGBMO / AFMD:HGBYR	AFMD:HGBRS (gm/dL)	AFMD:HGBCM
WBC	AFMD:WBCDA / AFMD:WBCMO / AFMD:WBCYR	AFMD:WBCRS ($x10^9$/L)	AFMD:WBCCM
Platelet	AFMD:PLATEDA / AFMD:PLATEMO / AFMD:PLATEYR	AFMD:PLATERS ($x10^9$/L)	AFMD:PLATECM

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