

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

This report covers the following period:

Note: The period should begin with the day after the last Semi-Annual/Annual Form end date (or the day after enrollment, if this is the first Annual Form). The end date is twelve months from the start date.

Start date: / / **through** **End date:** / /
DD MMM YYYY DD MMM YYYY

How much data was collected?

- (AFDM:DATA) All data available for this reporting period
- (AFDM:DATA) No data available for this reporting period (patient not seen)¹
- (AFDM:DATA) Partial data available for this reporting period²

During this report period, how many scheduled visits for sickle cell did this patient attend, including today?

Weight: (AFDM:WTUNIT) lb Height: (AFDM:HTUNIT) in
 (AFDM:WTUNIT) kg (AFDM:HTUNIT) cm

See guidelines for specific instructions.

Date of weight measurement: / / Date of height measurement: / /
DD MMM YYYY DD MMM YYYY

Has the patient participated in a research study during the report period? (AFDM:CURSTUD) Yes (AFDM:CURSTUD) No

[If Yes] Check all that apply

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

¹All other forms for this Semi-Annual/Annual Form Visit should not be created or entered into EDC.

²Create and enter only the forms that were completed for this Semi-Annual/Annual Visit.

Comments for page:

AFDM:COMTXT

Submit Query

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Form Completion Help

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