Comprehensive Sickle Cell Centers	Annual Form Part I	Page: {section.pageNumber}
Collaborative Data Project	Date Form Completed: AFPR:COMPDA	CSCC {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}

This report covers the following period: Start date: {STARTDT} through End date: {ENDDT}			
For Provider use only:			
Based on social or psychological factors, or clinical attendance or scheduled visit compliance, would you exclude this patient from participation in a clinical trial?			
☐ (AFPR:EXCLUDE)	Would exclude, or probably would exclude		
□ (AFPR:EXCLUDE)	Would not exclude, or probably would not exclude		
☐ (AFPR:EXCLUDE)	Not sure		
Check only one:			
☐ (AFPR:MEDINFO)	Information for this medical history was obtained totally from chart abstraction and medical records.		
□ (AFPR:MEDINFO)	Some information was provided by the patient (or parent/guardian of the patient).		
	Please check the pages that include information provided by the patient (or parent/guardian of the patient): (check all that apply)		
□ (AFPR:PAGE1)	Page 1 specify: AFPR:PAGE1SP		
□ (AFPR:TRAN	HX) Transfusions (page 2)		
□ (AFPR:RBCAI	NTI) RBC antibodies (page 2)		
□ (AFPR:SELM	ED) Selected Medications (page 3)		
□ (AFPR:LABTS	ST) Selected Lab Tests (page 3)		
□ (AFPR:DIAGT	ST) Selected Diagnostic Tests (page 4)		
□ (AFPR:SURG	PRO) Surgical Procedures(page 5)		
□ (AFPR:MEDC	ON) Medical Conditions (pages 6-7)		
□ (AFPR:ENCS	JMM) Encounter Summary (page 8)		
Comments for page: AFPR: COMTXT	<u>▲</u>		

Submit Query Cancel Form Completion Help

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