

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

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

Record the results of the following diagnostic tests performed **most recently** on this patient *during the report period*.

Test	Performed		Most Recent Test Date	Result				Comments
	Yes	No		Normal	New Abnormal	Repeated Abnormal	Equivocal	
MRI, Head	<input type="checkbox"/> (AFSD:MRIPER)	<input type="checkbox"/> (AFSD:MRIPER)	<input type="text" value="AFSD:MRIDA"/> / <input type="text" value="AFSD:MRIMO"/> / <input type="text" value="AFSD:MRIYR"/> dd/mmm/yyyy	<input type="checkbox"/> (AFSD:MRIRES)	<input type="checkbox"/> (AFSD:MRIRES)	<input type="checkbox"/> (AFSD:MRIRES)	<input type="checkbox"/> (AFSD:MRIRES)	<input type="text" value="AFSD:MRICOM"/> (reason for test, etc.)
MRA, Head	<input type="checkbox"/> (AFSD:MRAPER)	<input type="checkbox"/> (AFSD:MRAPER)	<input type="text" value="AFSD:MRADA"/> / <input type="text" value="AFSD:MRAMO"/> / <input type="text" value="AFSD:MRAYR"/>	<input type="checkbox"/> (AFSD:MRARES)	<input type="checkbox"/> (AFSD:MRARES)	<input type="checkbox"/> (AFSD:MRARES)	<input type="checkbox"/> (AFSD:MRARES)	<input type="text" value="AFSD:MRACOM"/>
Transcranial Doppler (TCD)	<input type="checkbox"/> (AFSD:TCDPER)	<input type="checkbox"/> (AFSD:TCDPER)	<input type="text" value="AFSD:TCDDA"/> / <input type="text" value="AFSD:TCDMO"/> / <input type="text" value="AFSD:TCDYR"/>	<input type="checkbox"/> (AFSD:TCDRES)	<input type="checkbox"/> (AFSD:TCDRES)	<input type="checkbox"/> (AFSD:TCDRES)	<input type="checkbox"/> (AFSD:TCDRES)	<input type="text" value="AFSD:TCDCOM"/>
Echocardiogram	<input type="checkbox"/> (AFSD:ECHOPER)	<input type="checkbox"/> (AFSD:ECHOPER)	<input type="text" value="AFSD:ECHODA"/> / <input type="text" value="AFSD:ECHOMO"/> / <input type="text" value="AFSD:ECHOYR"/>	<input type="checkbox"/> (AFSD:ECHORES)	<input type="checkbox"/> (AFSD:ECHORES)	<input type="checkbox"/> (AFSD:ECHORES)	<input type="checkbox"/> (AFSD:ECHORES)	<input type="text" value="AFSD:ECHOCOM"/>
Pulmonary Function Testing	<input type="checkbox"/> (AFSD:PFTPER)	<input type="checkbox"/> (AFSD:PFTPER)	<input type="text" value="AFSD:PFTDA"/> / <input type="text" value="AFSD:PFTMO"/> / <input type="text" value="AFSD:PFTYR"/>	<input type="checkbox"/> (AFSD:PFTRES)	<input type="checkbox"/> (AFSD:PFTRES)	<input type="checkbox"/> (AFSD:PFTRES)	<input type="checkbox"/> (AFSD:PFTRES)	<input type="text" value="AFSD:PFTCOM"/>
EKG	<input type="checkbox"/> (AFSD:EKGPER)	<input type="checkbox"/> (AFSD:EKGPER)	<input type="text" value="AFSD:EKGDA"/> / <input type="text" value="AFSD:EKGMO"/> / <input type="text" value="AFSD:EKGYR"/>	<input type="checkbox"/> (AFSD:EKGRES)	<input type="checkbox"/> (AFSD:EKGRES)	<input type="checkbox"/> (AFSD:EKGRES)	<input type="checkbox"/> (AFSD:EKGRES)	<input type="text" value="AFSD:EKGCOM"/>

Press the "Add" button to record the results of any diagnostic tests performed **multiple times** on this patient *during the report period*.

Test	Test Date	Result				Comments
		Normal	New Abnormal	Repeated Abnormal	Equivocal	
<input type="text" value="AFDT:TEST"/>	<input type="text" value="AFDT:TESTDA"/> / <input type="text" value="AFDT:TESTMO"/> / <input type="text" value="AFDT:TESTYR"/> dd/mmm/yyyy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="AFDT:COMM"/>
		(AFDT:RESULT)	(AFDT:RESULT)	(AFDT:RESULT)	(AFDT:RESULT)	<input type="button" value="Delete Entry"/>

Comments for page:

<input type="button" value="Submit Query"/>	<input type="button" value="Cancel"/>	<input type="button" value="Form Completion Help"/>	<input type="button" value="Print"/>
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