

Comprehensive Sickle Cell Centers	Avascular Necrosis	Muscular/Skin/Skeletal Page 1 of 2
Protocol # 2 Collaborative Data Project	Form Completed by <input type="text" value="MUS1:COMPINT"/>	CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}

Location(s):
(check all that apply)

- (MUS1:HIP) Hip(s) → (MUS1:RHIP) Right (MUS1:LHIP) Left
 (MUS1:SHLDR) Shoulder(s) → (MUS1:RSHLDR) Right (MUS1:LSHLDR) Left
 (MUS1:OTHBONE) Other bone(s), specify:

Surgery for condition? (MUS1:SURG)Yes (MUS1:SURG)No
If yes, be sure to complete the Surgical Procedures form!

If yes, joint replacement? (MUS1:JOINT)Yes (MUS1:JOINT)No

Record the following information for all radiographs taken during the report period: (MUS1:NONE)None taken

Date of Radiograph	Ficat Stage	Delete Radiograph
<input type="text" value="RADI:RADIDA"/> / <input type="text" value="RADI:RADIMO"/> / <input type="text" value="RADI:RADIYR"/>	<input type="text" value="RADI:FICAT"/> ▼	
(DD/MMM/YYYY)		