Comprehensive Sickle Cell Centers	Hepatic Sequestration	GI/Hepatobiliary CRF Page 1 of 3
Protocol # 2 Collaborative Data Project	Form Completed by GHP1:COMPINT	CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}

How many times has this subject had hepatic sequestration during the report period? GHP1:EPISODE

Date of Event: GHP2:EVENTDA / GHP2:EVENTMO / GHP2:EVENTYR   **Delete Event**
   DD   **MMM**   **YYYY**

Baseline Hgb: GHP2:BHGB g/dL   Lowest Hgb: GHP2:LHGB g/dL

Lowest absolute reticulocyte count: GHP2:LARC / mm^3
OR

Lowest % Retic: GHP2:LRETIC %   Red Cell Count: GHP2:REDC million

Highest direct bilirubin (mg/dL): GHP2:DBILI   **or**   ☐ (GHP2:DBILIND) Not Done

Was the liver palpable below right costal margin?   ☐ (GHP2:PALP)Yes   ☐ (GHP2:PALP)No

If yes, record liver size in cm below costal margin:

At the time of diagnosis: GHP2:CURRSIZ   **or**   ☐ (GHP2:UNK1) Unknown
At most recent non-acute exam: GHP2:RECSIZ   **or**   ☐ (GHP2:UNK2) Unknown

Add Event

Submit Query   **Cancel**   **Print**