

Comprehensive Sickle Cell Centers	Priapism	Renal/Genitourinary CRF Page 4 of 5
Protocol # 2 Collaborative Data Project	Form Completed by <input type="text" value="REN6:COMPINT"/>	CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}

How many episodes of priapism (days with priapism at least once) has the subject had during the report period?

How long did the longest episode last (the only episode if only one)?