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|--|--|---|
| <p align="center">Comprehensive Sickle Cell Centers</p> | <p align="center">Hematology Labs</p> | <p align="center">Follow-up I Page: 14</p> |
| <p align="center">Dexamethasone for ACS</p> | | <p>CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}</p> |

Complete this form at the **first follow-up visit**.

Was the assessment completed? (HEM1:COMPLET) Yes (HEM1:COMPLET) No

If No, indicate the reason (check one):

- | | |
|---|---|
| <input type="checkbox"/> (HEM1:REASON) Subject is still an in-patient at the hospital | <input type="checkbox"/> (HEM1:REASON) Lost to follow-up |
| <input type="checkbox"/> (HEM1:REASON) Serious Adverse Event | <input type="checkbox"/> (HEM1:REASON) Other, specify <input type="text" value="HEM1:OTHSP"/> |
| <input type="checkbox"/> (HEM1:REASON) Subject or parent/guardian decision | |

| | | | | | | | | | |
|------------------|--|---|--|---|--|------------------|--|---|--|
| Collection Date: | <input type="text" value="HEM1:COLLDA"/> | / | <input type="text" value="HEM1:COLLMO"/> | / | <input type="text" value="HEM1:COLLYR"/> | Collection Time: | <input type="text" value="HEM1:COLLHR"/> | : | <input type="text" value="HEM1:COLLMI"/> |
| | DD | | MMM | | YYYY | (24-hour clock) | Hour | | Min |

| Test | Value |
|--|---|
| WBC (x10 ³ /mm ³) | <input type="text" value="HEM1:WBC"/> |
| RBC (x10 ⁶ /mm ³) | <input type="text" value="HEM1:RBC"/> |
| HGB (g/dL) | <input type="text" value="HEM1:HGB"/> |
| HCT (%) | <input type="text" value="HEM1:HCT"/> |
| MCV (fL) | <input type="text" value="HEM1:MCV"/> |
| Platelets (x10 ³ /mm ³) | <input type="text" value="HEM1:PLATE"/> |
| Abs. reticulocyte count (x10 ³ /mm ³) | <input type="text" value="HEM1:ABRETIC"/> |
| OR % Reticulocyte | <input type="text" value="HEM1:RETICPT"/> |

Comments for page:

| | |
|---|--|
| <input type="text" value="HEM1:COMMENT"/> | <input type="button" value="↑"/> <input type="button" value="↓"/> |
|---|--|