

| | | |
|--|--|---|
| <p align="center">Comprehensive Sickle Cell Centers</p> | <p align="center">Hematology Labs</p> | <p align="center">Follow-up II Page: 19</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 **second follow-up visit**.

Was the assessment completed? (HEM2:COMPLET) Yes (HEM2:COMPLET) No

If No, indicate the reason (check one):

- (HEM2:REASON) Subject is still an in-patient at the hospital (HEM2:REASON) Lost to follow-up
- (HEM2:REASON) Serious Adverse Event (HEM2:REASON) Other, specify
- (HEM2:REASON) Subject or parent/guardian decision

Collection Date:

/ /
DD MMM YYYY

Collection Time:

:
(24-hour clock) Hour Min

| Test | Value |
|--|---|
| WBC (x10 ³ /mm ³) | <input type="text" value="HEM2:WBC"/> |
| RBC (x10 ⁶ /mm ³) | <input type="text" value="HEM2:RBC"/> |
| HGB (g/dL) | <input type="text" value="HEM2:HGB"/> |
| HCT (%) | <input type="text" value="HEM2:HCT"/> |
| MCV (fL) | <input type="text" value="HEM2:MCV"/> |
| Platelets (x10 ³ /mm ³) | <input type="text" value="HEM2:PLATE"/> |
| Abs. reticulocyte count (x10 ³ /mm ³) | <input type="text" value="HEM2:ABRETIC"/> |
| OR % Reticulocyte | <input type="text" value="HEM2:RETICPT"/> |

Comments for page: