Comprehensive Sickle Cell Centers	# Study Drug Home Record	**Ongoing** **Page: 21b**
Dexamethasone for ACS		CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}

Complete this form for every scheduled dose (even if dose was missed) **from hospital discharge through the end of study drug therapy**. If a dose was missed, record the date and time that the dose should have been taken.

			Delete Event

Date	Time (24 -hour clock)	Dose	Comments
HMSD:DOSEDA / HMSD:DOSEMO / HMSD:DOSEYR DD MMM YYYY	HMSD:DOSEHR : HMSD:DOSEMI Hour Min	☐ (HMSD:DOSE) Dose taken OR ☐ (HMSD:DOSE) Missed dose	HMSD:COMM

Add Event

Comments for page:

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HMCM:COMMENT
```

Submit Query   Cancel   Form Completion Help   Print