

# STOP II

## TREATMENT DECISION AFTER TRIAL END

\*\*\*AFFIX PATIENT LABEL HERE\*\*\*

A1. Person completing form (Name): \_\_\_\_\_  
PRINT FULL NAME INITIALS

A2. Date of form completion \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M M D D Y Y Y Y

### B. TREATMENT BEFORE AND AFTER TRIAL END ON MM/DD/YY

B1. On MM/DD/YY, was the patient receiving regular transfusions?  
NO ..... 1 (**GO TO B1a**) YES ..... 2 (**SKIP TO B1b**)

- a. After the trial end, the treatment decision for this patient was to
- RESTART TRANSFUSIONS.....1
  - REMAIN OFF OF TRANSFUSIONS .....2

**SKIP TO C1**

- b. After the trial end, the treatment decision for this patient was to
- CONTINUE TRANSFUSIONS.....1
  - DISCONTINUE TRANSFUSIONS.....2

### C. OTHER TREATMENT

C1. On MM/DD/YY, was the patient receiving hydroxyurea?  
NO ..... 1 YES ..... 2

C2. Is the patient currently receiving hydroxyurea?  
NO ..... 1 (**SKIP TO C3**) YES ..... 2

a. Date hydroxyurea started \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M M D D Y Y Y Y

C3. Is the patient currently receiving chelation?  
NO.....1 YES.....2