

# Medical Abstraction Form

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Subject Study ID#:

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1. Date of abstraction:

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3. Confirmed enrollment diagnosis:

- Hb SS or sickle cell anemia
- Hb SC disease
- Hb S beta0 thalassemia
- Hb S beta+ thalassemia
- Hb S hereditary persistence of fetal Hb (S/HPFH)
- Hb SE
- Hb SD
- Hb SO

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3a. What was the basis for diagnosis?

- Newborn screening
- Hemoglobin fractionation
- Hemoglobin electrophoresis
- DNA sequencing
- Unknown

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3.b How was diagnosis confirmed?

- Hemoglobin fractionation
- Hemoglobin electrophoresis
- DNA sequencing

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4. Approximate age of first diagnosis (physician confirmed):

Newborn screening

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5. Ever tested for alpha-thalassemia?

- Yes - single alpha globin gene deleted
- Yes - two alpha globin genes deleted
- Yes - negative
- No - not evaluated
- Unknown

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### **BASIC MEASUREMENTS**

7. Weight (kg)

\_\_\_\_\_

(1 decimal place)

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Date of weight measurement:

\_\_\_\_\_

9. Heart rate (BPM)

\_\_\_\_\_

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Date of heart rate measurement

\_\_\_\_\_

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11. Blood Oxygen Saturation Level (SpO2):

\_\_\_\_\_

Date of blood oxygen measurement: \_\_\_\_\_

12a. Blood Pressure - Systolic \_\_\_\_\_

12b. Blood Pressure - Diastolic \_\_\_\_\_

12c. Patient on anti-hypertensive meds?

- Yes  
 No

Date of blood pressure measurement: \_\_\_\_\_

### Medications currently being used at time of visit

	No	Not in record	Yes
17. Iron chelators (eg. desferrioxamine, deferasirox, deferipirone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Statins (eg. atorvastatin, simvastatin, pravastatin, rosuvastatin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Antibiotics (eg. amoxicillin, doxycycline, ciprofloxacin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Oral contraceptives [Women Only]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Implantable contraceptives [Women Only]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Anti-hypertensives (eg. ACE inhibitor, calcium channel blocker, beta blocker, diuretic, angiotensin II receptor antagonists (ARBs))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### SCD COMPLICATIONS Indicate whether the subject has ever had each condition and when it was first diagnosed. Musculoskeletal

43. Avascular necrosis of the hip  No  Not in record  
 Yes

Age at diagnosis? OR BELOW

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44. Dactylitis

- No
- Not in record
- Yes



Age at diagnosis? OR

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45. Osteomyelitis

- No
- Not in record
- Yes

Age at diagnosis? OR

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**Genitourinary**

48. Priapism

- No
- Not in record
- Yes



Age at diagnosis? OR

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**Nervous system**

49. Stroke (check all that apply)

- No
- Not in record
- Yes

Age at diagnosis? OR

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a. Ischemic

Not in record    Yes



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b. Hemorrhagic

- Not in record    Yes

Age at diagnosis? OR

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c. Transient ischemic attack (TIA)

- Not in record    Yes



Age at diagnosis? OR

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d. Silent

Not in record    Yes

Age at diagnosis? OR

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Select the year when diagnosed:

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**Cardiovascular**

51. Pulmonary arterial hypertension

- No
- Not in record
- Yes



Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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52. Left ventricular dysfunction

- No
- Not in record
- Yes

Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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**Respiratory**

53. Acute chest syndrome

- No
- Not in record
- Yes



Age at diagnosis? OR

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Select the year when diagnosed:

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54. Asthma

- No
- Not in record
- Yes

Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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**Digestive**

55. Gallstones /cholelithiasis, cholecystitis

- No
- Not in record
- Yes



Age at diagnosis? OR

- 0 - Birth
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56. Splenomegaly (check all that apply)

- No
- Not in record
- Yes

Age at diagnosis? OR

- 0 - Birth
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a. Splenic sequestration

Not in record     Yes



Age at diagnosis? OR

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b. Splenic infarcts

- Not in record    Yes

Age at diagnosis? OR

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Select the year when diagnosed:

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c. Hypersplenism

Not in record    Yes



Age at diagnosis? OR

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d. Splenectomy

- Not in record    Yes

Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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**Other autoimmune/Inflammatory\_radio,"**

57. Deep vein thrombosis (DVT)

- No
- Not in record
- Yes



Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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a. Pulmonary embolism

Not in record    Yes

Age at diagnosis? OR

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Select the year when diagnosed:

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b. Venous thromboembolism (VTE)

- Not in record     Yes



Age at diagnosis? OR

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Select the year when diagnosed:

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58. Lupus

- No
- Not in record
- Yes

Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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59. Rheumatoid arthritis

- No
- Not in record
- Yes



Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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60. Gout

- No
- Not in record
- Yes

Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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61. Sarcoidosis

- No
- Not in record
- Yes



Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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62. Other autoimmune or inflammatory disorder, please specify: \_\_\_\_\_

- No     Not in record  
 Yes

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Please type the 'Other' disorder here:

\_\_\_\_\_

Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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**Other Conditions**

64. Pneumococcal sepsis (Pulmonary)

- No
- Not in record
- Yes



Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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- 2021
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65. Skin ulcers (Integumentary)

- No
- Not in record
- Yes

Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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66. Retinopathy (Ocular)

- No
- Not in record
- Yes



Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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67. Diabetes mellitus (other systemic)

- No
- Not in record
- Yes

Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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68. Iron overload (Other)

- No
- Not in record
- Yes



Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

- 2022
- 2021
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**INSURANCE**

What kind of health insurance or health care coverage does the patient have? (Choose all that apply.)

- None
- Private health insurance plan from employer
- Medicare
- Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance.
- TRICARE or other military health care, including VA health care
- Other type of health insurance, specify: \_\_\_\_\_

---

If 'Other' type of health insurance, please list:

\_\_\_\_\_

Year this patient was first seen at MUSC:

- Patient not seen at MUSC
- 2022
- 2021
- 2020
- 2019
- 2018
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### Medical History Profile

In the past 12 month, how many times was the patient hospitalized?

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- 1
- 2
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In the past 12 month, how many total days did the patient spend hospitalized?

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In the past 12 month, how many emergency room visits did the patient have?

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In the past 12 month, how many ICU stays did the patient have?

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In the past 12 month, how many transfusions did the patient have?

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In the past 12 month, did the patient have any transfusion reactions?

- Yes  No

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Please check all transfusion reaction symptoms noted in the EMR

- Fever  Rash  Difficulty breathing  DHTR  Other

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If 'Other', please specify

\_\_\_\_\_

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**Staff Section**

Name of study personnel completing abstraction:

\_\_\_\_\_