Medical Record Abstraction Form

Subject ID Label

If date or age is not available, enter '99'.

Visit: ❒ 12 Weeks ❒ 24 Weeks ❒ 36 Weeks

Name of Abstractor: ___________________________

1. Date of Abstraction: |___|___|-|___|___|-|___|___|___|___|
2. ---QUESTION 2 ANSWERED ONLY AT BASELINE---

Basic Measurements (most recent)	Not in record	Measurements	Date (mm/dd/yyyy)	Steady state?
3. Height	❒	|___|___|___| CM		❒ Yes ❒ No
4. Weight	❒	|___|___|___|.|___| Kg		❒ Yes ❒ No
5. Temperature	❒	|___|___|.|___| Celsius		❒ Yes ❒ No
6. Heart Rate	❒	|___|___|___| Beats/Minute		❒ Yes ❒ No
7. Respiration Rate	❒	|___|___|___| Breaths/Minute		❒ Yes ❒ No
8. Oxygen Saturation (SpO_2)	❒	|___|___|___| %		❒ Yes ❒ No
9. Blood Pressure	❒	|___|___|___| / |___|___|___| ON ANTI-HYPERTENSIVE MEDS? ❒ Yes ❒ No		❒ Yes ❒ No

10. Hydroxyurea history

    a. QUESTION 10A ANSWERED ONLY AT BASELINE

    b. MTD dose (select units) _________ ❒ Mg/kg ❒ Mg/day ❒ Mg/kg/day

    c. Current dose _________ ❒ Mg/kg/day OR ❒ _________ Mg/day

    d. Was dose held since last visit? ❒ Yes ❒ No

    If no, please select reason: ❒ Neutropenia

    ❒ Reticulocytopenia

    ❒ Thrombocytopenia

Has the subject ever used these medications ➔	11. Endari (L-glutamine)? ❒Yes ❒No ➔ GO TO Q12	12. ADAKVEO (crizanlizumab)? ❒Yes ❒No ➔ GO TO Q13	13. Oxbryta (voxelotor)? ❒Yes ❒No ➔ GO TO Q14
a. Start date (mm/yyyy)	|__|__|-|__|__|__|__|	|__|__|-|__|__|__|__|	|__|__|-|__|__|__|__|
b. Stop/last date (mm/yyyy)	|__|__|-|__|__|__|__| ❒ Currently using	|__|__|-|__|__|__|__| ❒ Currently using	|__|__|-|__|__|__|__| ❒ Currently using
c. Total duration of use	_____ ❒ Months ❒ Years ❒ Unknown	_____ ❒ Months ❒ Years ❒ Unknown	_____ ❒ Months ❒ Years ❒ Unknown
d. Current dose	_____ g	_____ g	_____ g
e. Current frequency	❒ Twice a day ❒ Other	❒ Once a month ❒ Other	❒ Once a day ❒ Other

14. Has the subject had any acute care/infusion center visits (not admitted) since last visit?
    - ❒ Yes
    - ❒ No acute care visits since last visit → ***SKIP TO QUESTION 15***
    - ❒ Not in record → ***SKIP TO QUESTION 15***

Acute Care/Infusion Center Visit (not admitted)	Visit/Admission Date (mm/dd/yyyy)	Was visit for acute pain?	Led to an admission?
Acute Pain/Infusion Center Visit 1		❒ Yes ❒ No	❒ Yes ❒ No
Acute Pain/Infusion Center Visit 2		❒ Yes ❒ No	❒ Yes ❒ No
Acute Pain/Infusion Center Visit 3		❒ Yes ❒ No	❒ Yes ❒ No
Acute Pain/Infusion Center Visit 4		❒ Yes ❒ No	❒ Yes ❒ No
Acute Pain/Infusion Center Visit 5		❒ Yes ❒ No	❒ Yes ❒ No
Acute Pain/Infusion Center Visit 6		❒ Yes ❒ No	❒ Yes ❒ No
Acute Pain/Infusion Center Visit 7		❒ Yes ❒ No	❒ Yes ❒ No
Acute Pain/Infusion Center Visit 8		❒ Yes ❒ No	❒ Yes ❒ No
Acute Pain/Infusion Center Visit 9		❒ Yes ❒ No	❒ Yes ❒ No
Acute Pain/Infusion Center Visit 10		❒ Yes ❒ No	❒ Yes ❒ No

15. Has the subject had any emergency department visits (not admitted) since last visit?
    - ❒ Yes
    - ❒ No emergency department visits since last visit → ***SKIP TO QUESTION 16***
    - ❒ Not in record → ***SKIP TO QUESTION 16***

Emergency Department Visit (not admitted)	Visit/Admission Date (mm/dd/yyyy)	Was visit for acute pain?	Led to an admission?
Emergency Department Visit 1		❒ Yes ❒ No	❒ Yes ❒ No
Emergency Department Visit 2		❒ Yes ❒ No	❒ Yes ❒ No
Emergency Department Visit 3		❒ Yes ❒ No	❒ Yes ❒ No
Emergency Department Visit 4		❒ Yes ❒ No	❒ Yes ❒ No
Emergency Department Visit 5		❒ Yes ❒ No	❒ Yes ❒ No
Emergency Department Visit 6		❒ Yes ❒ No	❒ Yes ❒ No

16. Has the subject had any hospitalizations since last visit?
    ❒ Yes
    ❒ No hospitalizations since last visit → ***SKIP TO MEDICATIONS TABLE***
    ❒ Not in record → ***SKIP TO MEDICATIONS TABLE***

Hospitalizations	Visit/Admission Date (mm/dd/yyyy)	Discharge Date (mm/dd/yyyy)	Was visit for acute pain?
First Hospitalization			❒ Yes ❒ No
Second Hospitalization			❒ Yes ❒ No
Third Hospitalization			❒ Yes ❒ No
Fourth Hospitalization			❒ Yes ❒ No
Fifth Hospitalization			❒ Yes ❒ No
Sixth Hospitalization			❒ Yes ❒ No

17. Please list all medications the subject is **currently** taking.
    ❒ None currently being used → ***SKIP TO TRANSFUSION HISTORY***

Name of Medication	Name of Medication
a.	k.
b.	l.
c.	m.
d.	n.
e.	o.
f.	p.
g.	q.

Name of Medication	Name of Medication
h.	r.
i.	s.
j.	t.

18. Please list transfusion dates.

Transfusion History at Clinic Site								
	None	# ever had	# total units	First time (mm/yyyy)	Last time (mm/yyyy)	Reason stopped	Frequency	Type
Episodic, simple	❐						❐ Less than once/year ❐ About once a year ❐ More than once/year ❐ Unknown	
Chronic, simple	❐					❐ Hemochromatosis ❐ Alloimmunization ❐ Other ❐ Unknown	❐ Once every 4 weeks ❐ Once every 6 weeks ❐ Once every 8 weeks ❐ Unknown	
Episodic, exchange	❐						❐ Less than once/year ❐ About once a year ❐ More than once/year ❐ Unknown	❐ Automated ❐ Manual ❐ Unknown
Chronic, exchange	❐					❐ Hemochromatosis ❐ Alloimmunization ❐ Other ❐ Unknown	❐ Once every 4 weeks ❐ Once every 6 weeks ❐ Once every 8 weeks ❐ Unknown	❐ Automated ❐ Manual ❐ Unknown

19. Hydroxyurea Prescription Refills ❒ Patient did not fill any hydroxyurea prescriptions since last visit → ***SKIP TO END***

For each refill, complete a row in the table:

Refill	**19. Pharmacy Contact Information**		**20. Date prescription picked up (mm/dd/yyyy)**	**21. Number of days' Supply**	**22. Name of prescribing provider**
	19. Name of pharmacy	**19a-e: Address and phone number of pharmacy**			
Hydroxyurea Refill 1					
Hydroxyurea Refill 2					
Hydroxyurea Refill 3					
Hydroxyurea Refill 4					
Hydroxyurea Refill 5					
Hydroxyurea Refill 6					
Hydroxyurea Refill 7					
Hydroxyurea Refill 8					
Hydroxyurea Refill 9					
Hydroxyurea Refill 10					
Hydroxyurea Refill 11					
Hydroxyurea Refill 12					
Hydroxyurea Refill 13					

Refill	19. Pharmacy Contact Information		20. Date prescription picked up (mm/dd/yyyy)	21. Number of days' Supply	22. Name of prescribing provider
	19. Name of pharmacy	19a-e: Address and phone number of pharmacy			
Hydroxyurea Refill 14					
Hydroxyurea Refill 15					
Hydroxyurea Refill 16					
Hydroxyurea Refill 17					
Hydroxyurea Refill 18					
Hydroxyurea 19					
Hydroxyurea 20					

These are all the hydroxyurea refills available in the record since the previous study visit.
❒ Yes
❒ No

PI review and sign-off: ______________________________