

Adakveo Crizanlizumab

Subject ID _____

Complete (or update) this form only after you have reviewed prescription information in the medical record and/or made contact with the appropriate pharmacy for this patient and this drug.

Patient not on drug between the 4 months prior to consent into REAL and today (please uncheck this if the patient starts taking this drug)

Patient not on this drug

Start at 4 months before REAL consent date of [administrative_arm_1][p1f6q01_2].

Infusion #1 Date: _____

Infusion #2 Date: _____

Infusion #3 Date: _____

Infusion #4 Date: _____

Infusion #5 Date: _____

Infusion #6 Date: _____

Infusion #7 Date: _____

Infusion #8 Date: _____

Infusion #9 Date: _____

Infusion #10 Date: _____

Infusion #11 Date: _____

Infusion #12 Date: _____

Infusion #13 Date: _____