

Hydroxyurea

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 the REAL consent date of [administrative_arm_1][p1f6q01_2].

Prescription #1

Confirm these items in the medical record

Date prescription was written: _____

Is prescription for pills or a liquid?

Pills
 Liquid

of pills prescribed _____
Pill strength _____ mg

mls prescribed _____ ml
Liquid strength
_____ mg per _____ ml solution

Confirm these items with the patient's pharmacy

Did not pick up initial prescription (do not check box for refills)

Date prescription picked up from pharmacy: _____

of pills filled: _____

of days coverage (e.g. 30 days) _____