

# Oxbryta Voxelotor

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].**

## Prescription #1

Confirm these items in the medical record

Date prescription was written: \_\_\_\_\_

# of pills prescribed: \_\_\_\_\_

Confirm these items with the patient's pharmacy

Date participant picked up prescription from pharmacy: \_\_\_\_\_

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

# of pills filled # of days coverage (e.g. 30 days)  
\_\_\_\_\_ pills \_\_\_\_\_ days

## Prescription #2

Confirm these items in the medical record

Date prescription was written: \_\_\_\_\_

# of pills prescribed: \_\_\_\_\_

Confirm these items with the patient's pharmacy

Date participant picked up prescription from pharmacy: \_\_\_\_\_

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