

S38r0 Additional Siblings Form

Ad Hoc Event ID _____

Visit Date (yyyy/mm/dd): _____

Correction:

- Yes
 No

1A. Do you know the sibling's date of birth (yyyy/mm/dd)?

- Yes
 No

1A-1. If Yes, enter sibling's date of birth (yyyy/mm/dd): _____

1B. Gender:

- Male
 Female

1C. Hemoglobin genotype

- SS
 SC
 S beta thalassemia zero
 Sickle cell trait
 AA normal
 Unknown

1D. Asthma:

- Yes
 No
 Unknown

1E. Same biological mother:

- Yes
 No
 Unknown

1F. Same biological father:

- Yes
 No
 Unknown

2A. Do you know the sibling's date of birth (yyyy/mm/dd)?

- Yes
 No

2A-1. If Yes, enter sibling's date of birth (yyyy/mm/dd): _____

2B. Gender:

- Male
 Female

2C. Hemoglobin genotype:

- SS
 SC
 S beta thalassemia zero
 Sickle cell trait
 AA normal
 Unknown

2D. Asthma:

- Yes
 No
 Unknown

2E. Same biological mother:

- Yes
 No
 Unknown

2F. Same biological father:

- Yes
 No
 Unknown

3A. Do you know the sibling's date of birth (yyyy/mm/dd)?

- Yes
- No

3A-1. If Yes, enter sibling's date of birth (yyyy/mm/dd):

3B. Gender:

- Male
- Female

3C. Hemoglobin genotype:

- SS
- SC
- S beta thalassemia zero
- Sickle cell trait
- AA normal
- Unknown

3D. Asthma:

- Yes
- No
- Unknown

3E. Same biological mother:

- Yes
- No
- Unknown

3F. Same biological father:

- Yes
- No
- Unknown

4A. Do you know the sibling's date of birth (yyyy/mm/dd)?

- Yes
- No

4A-1. If Yes, enter sibling's date of birth (yyyy/mm/dd):

4B. Gender:

- Male
- Female

4C. Hemoglobin genotype:

- SS
- SC
- S beta thalassemia zero
- Sickle cell trait
- AA normal
- Unknown

4D. Asthma:

- Yes
- No
- Unknown

4E. Same biological mother:

- Yes
- No
- Unknown

4F. Same biological father:

- Yes
- No
- Unknown

Staff I.D. #:
