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Form: Subject Enrollment

FORM_OID	PID3284264_V1_0
Patient ID	
Enrolling Site CTEP ID	
Lead Organization	
Current Site CTEP ID	
Enrollment Date	
Enrollment Time	EST CST MST PST EDT CDT MDT PDT
Group Data	W 70 10 -
Source Application	Selfit is a

Form: Step Information

FORM_OID	PID3285392_V1_0
_	
Registration Step	
Event Description	
Tracking Number	
Treating Investigator	
Site Registrar	
Crediting Group	
Crediting Investigator	- 12
Arm Name	0-1
Event Date	0,16
Event Time	EST CST MST PST CDT CDT MDT PDT
	CST
	MST
	PST
	EDT
17/2 10	CDT
H di	MDT
, 76, 19	PDT
Treatment Assignment Code (TAC):	
Treatment Assignment Description (TAD):	
00 %0	

Form: Treatment Assignment

FORM_OID	PID	03285336_V1_0
_		
Arm Name		
Step No		
Event description		
Date of Intervention/Treatment Assignment		
Event Time	DSOC, REPAYO	EST CST MST PST CDT MDT PDT
Treatment Assignment Code (TAC):	V 310	
Treatment Assignment Description (TAD):	0 6	
Treatment Assignment Description (TAD):		

Form: Demography

FORM_OID	PID3302204_V1_0
_	
Patient Initials (LFM)	
Patient's Date of Birth	
Ethnicity	Hispanic or Latino
	Not Hispanic or Latino
	Not Reported
	Unknown
Country of Residence	Female Gender
	Male Gender
	Unknown
Country of Residence	Ascension Island
	Andorra
	United Arab Emirates
(A)	Afghanistan
	Antigua and Barbuda
4.	Anguilla
101	Albania
SUL	Armenia
	Netherland Antilles
	Angola
0 10	Antarctica
	Argentina
	American Samoa
	Austria
	Australia
	Aruba
	Azerbaidjan
	Bosnia-Herzegovina
	Barbados
	Bangladesh
	Belgium

Burkina Faso
Bulgaria
Bahrain
Burundi
Benin
Bermuda
Brunei Darussalam
Bolivia
Brazil
Bahamas
Bhutan
Bouvet Island
Botswana
Belarus
Belize
Canada
Cocos Isl.
Rep. Dem. Congo
Brunei Darussalam Bolivia Brazil Bahamas Bhutan Bouvet Island Botswana Belarus Belize Canada Cocos Isl. Rep. Dem. Congo Central African Rep. Congo Switzerland Ivory Coast Cook Islands Chile Cameroon China Colombia
Congo
Switzerland
Ivory Coast
Cook Islands
Chile
Cameroon
Colombia
Costa Rica
Cuba
Cape Verde
Christmas Island
Cyprus
Czech Republic
Germany

Djibouti
Denmark
Dominica
Dominican Republic
Algeria
Ecuador
Estonia
Egypt
Western Sahara
Eritrea
Spain
Ethiopia
Finland
Fiji
Falkland Isl.
Micronesia
Faroe Islands
France
France (European Ter.)
Gabon Great Britain
Grenada
Georgia
Guiana (Fr.)
Estonia Egypt Western Sahara Eritrea Spain Ethiopia Finland Fiji Falkland Isl. Micronesia Faroe Islands France France (European Ter.) Gabon Great Britain Grenada Georgia Guiana (Fr.) Guernsey Ghana Gibraltar
Ghana
Gibraltar
Greenland
Gambia
Guinea
Guadeloupe (Fr.)
Equatorial Guinea
Greece
South Georgia and South
Sandwich Islands

Guatemala
Guam (US)
Guinea Bissau
Guyana
Hong Kong
Heard & McDonald Isl.
Honduras
Croatia
Haiti O
Hungary
Indonesia
Ireland
Israel
Isle of Man
India
British Indian O. Ter.
Iraq
Iran
Iceland
Italy
Jersey
Jamaica
Jordan
Japan
Kenya
Honduras Croatia Haiti Hungary Indonesia Ireland Israel Isle of Man India British Indian O. Ter. Iraq Iran Iceland Italy Jersey Jamaica Jordan Japan Kenya Kyrgyz Republic Cambodia
Cambodia
Kırıbatı
Comoros C
St. Kitts Nevis Anguilla
Korea (north) Korea (South)
Korea (South) Kuwait
Cayman Islands
Cayman Islands ()

Kazakstan
Laos
Lebanon
Saint Lucia
Liechtenstein
Sri Lanka
Liberia
Lesotho
Lithuania
Luxembourg
Latvia
Libya
Morocco
Monaco
Moldova
Madagascar
Marshall Islands
Liberia Lesotho Lithuania Luxembourg Latvia Libya Morocco Monaco Moldova Madagascar Marshall Islands Macedonia Mali Myanmar Mongolia Macau Northern Mariana Isl. Martinique (Fr.) Mauritania Montserrat Malta
Mali
Myanmar
Mongolia
Macau
Northern Mariana Isl.
Martinique (Fr.)
Mauritania
Montserrat
Malta
Mauritius Maldives Maldives
Malawi
Mexico
Malaysia
Mozambique (
Namibia O

New Caledonia (Fr.)
Niger
Norfolk Island
Nigeria
Nicaragua
Netherlands
Norway
Nepal
Nauru
Niue
New Zealand
Oman
Other
Panama
Peru
Polynesia (Fr.)
Papua New Guinea
Norway Nepal Nauru Niue New Zealand Oman Other Panama Peru Polynesia (Fr.) Papua New Guinea Philippines Pakistan Poland St. Pierre & Miquelon Pitcairn Puerto Rico Portugal Paraguay Qatar
Pakistan
Poland
St. Pierre & Miquelon
Pitcairn
Puerto Rico
Portugal
Palau
Paraguay
Qatar
Reunion (Fr.)
Romania
Russian Federation
Rwanda
Saudi Arabia
Solomon Islands
Seychelles

Sudan
Sweden
Singapore
St. Helena
Slovenia
Svalbard & Jan Mayen Isl.
Slovakia
Sierra Leone
San Marino
Senegal
Somalia
Suriname
St. Tome and Principe
Soviet Union
El Salvador C
Syria
Swaziland
Slovakia Sierra Leone San Marino Senegal Somalia Suriname Saviet Union El Salvador Syria Swaziland Turks & Caicos Islands Chad French Southern Terr. Togo Thailand Tadjikistan Tokelau Turkmenistan Tunisia Tonga
Chad
French Southern Terr.
Theiland C
Tadiikistan
Tokolau
Turkmanistan
Tunkina
Tonga
East Timor
Turkey
Trinidad & Tobago
Tuvalu
Taiwan
Tanzania
Ukraine

	•
	Uganda
	United Kingdom
	US Minor Outlying Isl.
	USA
	Uruguay
	Uzbekistan
	Vatican City State
	St. Vincent & Grenadines
	Venezuela
	Virgin Islands (Brit)
	Virgin Islands (US)
	Vietnam
	Vanuatu
	Wallis & Futuna Islands
	Western Samoa
	Yemen
	Mayotte
	Yugoslavia
	South Africa
	Zambia
	Dem. Rep. of Congo
	Virgin Islands (Brit) Virgin Islands (US) Vietnam Vanuatu Wallis & Futuna Islands Western Samoa Yemen Mayotte Yugoslavia South Africa Zambia Dem. Rep. of Congo Zimbabwe
ZIP Code	
Method of Payment	PRIVATE INSURANCE
	MEDICARE
	MEDICARE AND PRIVATE
	INSURANCE
	MEDICAID AND MEDICARE
	MEDICAID AND MEDICARE
	MILITARY OR VETERANS SPONSORED NOS
	MILITARY SPONSORED
	(INCLUDING CHAMPUS
	&TRICARE) VETERANS SPONSORED
	SELF PAY (NO INSURANCE)
	SELFTAT (NO INSURANCE)

Form: Demography

•	
	NO MEANS OF PAYMENT
	(NO INSURANCE)
	OTHER
	Unknown
Race	American Indian or Alaska
	Native
	Asian
	Black or African American
	Native Hawaiian or Other Pacific
	Islander
	White
	Not Reported
	Unknown
Date of planned bone marrow assessments	
Date of planned bone marrow assessments	Codidata Nedidata
Oction	

Form: Patient Characteristics

FORM_OID	PID3330130_V1_0
Height (current)	cm
	in
Maximum adult height	cm
	in
Weight (current)	kg
	lb
Maximum adult non-pregnant weight	kg
	lb O
Does the patient have Type I Diabetes?	No
	Yes
History of > 90 days steroid use	No No
	Yes, oral only
Mr CO	Yes, topical only
	Yes, oral only Yes, topical only Yes, oral and topical
Duration at current zipcode	Fixed Unit: Years
Duration residing in rural/farm community	Fixed Unit: Years
Military Service?	No
Military Service:	Yes
Duration of military service	Fixed Unit: Years
Occupation	Clerical or related occupation
	Equipment / vehicle operator or
	related occupation Farmer
	Homemaker
	Laborer
	Manager, administrator, or
	proprietor
	Member of the military
	Professional, technical, or related occupation

Form: Patient Characteristics

	Sales occupation
	Service occupation
	Skilled craft or related
	occupation
	Not previously employed
	Student
	Under school age
	Other, specify
	Unknown
Length of time	Fixed Unit: Years
	Fixed Unit: Years Fixed Unit: Years Onch Sulphilition Medidata Onch Sulphilition Medidata Onch Sulphilition Medidata

Form: Prior Malignancy

FORM_OID	
Has the patient been diagnosed with any malignan enrollment?	cies prior to No Yes
Prior malignancy	Breast cancer
	Colon cancer
	Leukemia, specify
	Lung
	Lymphoma, specify
	Multiple myeloma
	Prostate cancer
	Skin cancers (basal, squamous,
	melanoma)
	Other, specify
Date of diagnosis	10° 00 V
Treatment	Chemotherapy/Radiation
	combination, specify Hematopoietic Cell
	Transplantation
W. W.	Hormonal
4. 41	Immunotherapy
<i>10</i> 1,	Radiation
Sy. W	Systemic therapy
	(chemotherapy), specify Other, specify
	Unknown
Date of diagnosis Treatment Date of last treatment or transplant	None
	None
Date of last treatment or transplant	

Form: MDS Background Form Generated On: 07 Apr 2023 19:36:54

FORM_OID	
Did the patient have a recent (within past 6 months) biopsy confirming the initial diagnosis of MDS?	No Yes
Note: Patients with a prior diagnosis of MDS/MPN Overlap Disorde are not eligible for the study.	r
Has the patient ever had a confirmed diagnosis of MDS	No Yes
Date of biopsy	
Is the patient's blood disorder therapy-related?	No Yes Unknown
Therapy received	Chemotherapy, specify Radiation Other, specify
Duration of exposure	Fixed Unit: Months
O at a entity in a Medical Control of the Control o	

Form: Prior Hematologic Disorder Generated On: 07 Apr 2023 19:36:54

FORM_OID	
Has the patient been diagnosed with any hematologic disorders prior to enrollment?	No Yes
Prior hematologic disorder	ALL
	AML
	Anemia
	Aplastic Anemia
	CLL
	CML
	Hodgkins Lymphoma
	MDS
	MPN-Essential Thrombocytopenia
	MPN/MDS Overlap
Date of diagnosis Treatment	MPN-Myelofibrosis
2/4/0 /3/	MPN-Polycythemia Vera
	MPN-Other
17/1, 10 100	Myeloma
H. Vij. W.	Neutropenia
101, 11,0	Non-Hodgkins Lymphoma
SULA	PNH
	Thrombocytopenia
	Other, specify
Date of diagnosis	
Treatment	
Duration of treatment	Fixed Unit: months

Form: Prior Autoimmune Disease Generated On: 07 Apr 2023 19:36:54

FORM_OID	
Has the patient been diagnosed with any autoimmune diseases prior	No
to enrollment?	Yes
Prior autoimmune disease	Autoimmune neutropenia
	Glomerulonephritis
	Hemolytic anemia
	Hyperthyroidism
	Hypothyroidism
	Idiopathic thrombocytopenic
	purpura (ITP) Immune mediated neuropathy
	Inflammatory bowel disease
_	Multiple sclerosis
Date of diagnosis Treatment	Pyoderma gangrenosum
	Rheumatoid arthritis
	Scleroderma
, B, K, 1/0	Sjogren's syndrome
THE TO VOL	Sweet's syndrome
A, Viji b,	Systemic lupus erythematosus
	(SLE) Vasculitis
SULA	Other, specify
Description of the second of t	Other, speerly
Date of diagnosis Treatment	Anti-thymocyte globulin (ATG)
Treatment	Anti-TNF monoclonal
	Cyclosporins
	Danazol
	Intravenous immunoglobulin
	(IVIG) Methotrexate
	Sirolimus/mTOR inhibitor
	Steroids
	T-Cell costimulator modulators
	Tacrolimus
	Other, specify

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	None
Duration of treatment	Fixed Unit: months

Opata entry via Medidata Pave

Form: Indwelling Devices or Prostheses Generated On: 07 Apr 2023 19:36:54

FORM_OID		
Device Type		Cardiovascular
		Cosmetic
		Dental
		Gastrointestinal
		Genitourinary
		Neurologic
		Orthopedic
		No device placed
Initial Device Placement Date	h.	<u> </u>
Initial Device Placement Date Althorities and a second se	-Q-11	
	20, 7	\otimes
S	20	•
,000	2	
Mr CO	20	
	9.0.	
10, 110		
50.2		
(000)		

Form: Family History

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FORN	И	ΟI	Г

Form instructions:

Please enter all family members and spouse, if applicable. Select 'None' if the family member or spouse did not have cancer or a blood disorder.

Relationship		Father
		Mother
	Bro	other 1
	S	Sister 1
	Sp	ouse 1
	Bro	other 2
	S	Sister 2
	Sp	ouse 2
	Bro	other 3
	s	Sister 3
	Sp	ouse 3
	Bro	other 4
	S S	Sister 4
	Brown Sp.	ouse 4
	Bro	other 5
	s	Sister 5
	Sp	ouse 5
	Bro	other 6
	s	Sister 6
	Bro	other 7
	S	Sister 7
	Bro	other 8
	S	Sister 8
	Bro	other 9
		Sister 9
		ther 10
		ster 10
	Other blood relative, s	pecify
Relation type		Blood
	Non	-blood
		_

Form: Family History

	Unknown
Cancer	Breast cancer
	Colon cancer
	Leukemia, specify
	Lung cancer
	Lymphoma, specify
	Multiple myeloma
	Prostate cancer
	Skin cancers (basal, squamous,
	melanoma) Other, specify
	None
Age at diagnosis	Other, specify None ALL AML Anemia Aplastic Anemia CLL CML Hodgkins Lymphoma MDS MPN-Essential Thrombocytopenia MPN/MDS Overlap MPN-Myelofibrosis MPN-Polycythemia Vera MPN-Other Myeloma
Blood disorder	ALL
Brood disorder	AML
	Anemia
	Aplastic Anemia
	CLL
	A' dil A' CML
	Hodgkins Lymphoma
	MDS
	MPN-Essential
	Thrombocytopenia
	MPN/MDS Overlap
	MPN-Myelofibrosis
	MPN-Polycythemia Vera
	MPN-Other Myeloma
	Neutropenia
	Non-Hodgkins Lymphoma
	PNH PNH
	Thrombocytopenia
	Other, specify
	None
Age at diagnosis	
1150 at anagmosis	

Form: Family History

Survival Status	Alive
	Dead
	Unknown
Age at death	
Cause of death	Accident
	Acute leukemia
	Other cancer
	Bacterial infection
	Chronic Lower Respiratory
	Disease
	Fungal infection
	Fungal infection Heart Disease Hemorrhage Stroke Viral infection Other, specify Unknown
	Hemorrhage
	Stroke
	Viral infection
	Other, specify
	Unknown
	Kr. it is also
	101, 110,
	37. 7
Ž.	
.00	
~O`x	All hit is a light of the state
V	

Form: Smoking History

FORM_OID	
Has the patient ever smoked cigarettes regularly for six months or longer?	No Yes
At what age did the patient start smoking cigarettes regularly?	
Does the patient smoke regularly now?	No Yes
At what age did the patient last stop smoking cigarettes regularly?	<u>_</u>
During the periods when the patient smoked, how many cigarettes did they or do they usually smoke per day?	1-10 11-20
	21-30
	31-40 41-60
W CO.	21-30 21-30 31-40 41-60 61-80 81 or more
Does the patient now or did they ever smoke a pipe regularly for a year or longer?	Never smoked a pipe Did smoke a pipe but currently do not smoke
Alt it to the	Currently do smoke a pipe
Does the patient now or did they ever smoke cigars regularly for a	Never smoked cigars
year or longer?	Did smoke cigars but currently
at so atty	do not smoke Currently smoke cigars
Not including the past two years, has the patient ever lived with	No O
someone who regularly smoked cigarettes around them?	Yes
How many years did they smoke cigarettes around the patient regularly?	
Not including the past two years, has the patient ever worked with	No
someone who regularly smoked cigarettes around them?	Yes
How many years did they smoke cigarettes around the patient regularly?	
Has the patient ever used smokeless tobacco for 6 months or more?	No O
	Yes

Form: Alcohol History

FORM_OID	
Age	18-24 years
	25-39 years
	40-54 years
	55 years or older
12 oz bottle or can of beer	Never
	1 per month or fewer
	2-3 per month
	1-2 per week
	3-4 per week
	5-6 per week
	1 per day
	2-3 per day
	4-5 per day
	6 or more per day
5 oz glass of wine	Never
	1 per month or fewer
A it W	2-3 per month
, 70, 119	1-2 per week
	3-4 per week
t's the	5-6 per week
	1 per day
~O`*&	2-3 per day
	4-5 per day
5 oz glass of wine Soz glass of wine	6 or more per day
1.5 oz shot of liquor (including mixed drinks)	Never
	1 per month or fewer
	2-3 per month
	1-2 per week
	3-4 per week
	5-6 per week
	1 per day
	2-3 per day

Form: Alcohol History

	4-5 per day
	6 or more per day
Age	18-24 years
	25-39 years
	40-54 years
	55 years or older
5 oz glass of wine 15 oz shot of liquor (including mixed drinks)	Never
	1 per month or fewer
	2-3 per month
	1-2 per week
	3-4 per week
	5-6 per week
2 Ci,	1 per day
	2-3 per day
	4-5 per day
1/2/0/2/10/	6 or more per day
5 oz glass of wine	Never
H. W. Oly	1 per month or fewer
101, 71,0	2-3 per month
60.4	1-2 per week
	3-4 per week
	5-6 per week
0 10	1 per day
	2-3 per day
	4-5 per day
	6 or more per day
1.5 oz shot of liquor (including mixed drinks)	Never
	1 per month or fewer
	2-3 per month
	1-2 per week
	3-4 per week
	5-6 per week
	1 per day

Form: Alcohol History

	2-3 per day
	4-5 per day
	6 or more per day
Age	18-24 years
	25-39 years
	40-54 years
	55 years or older
12 oz bottle or can of beer	Never
	per month or fewer
	2-3 per month
	1-2 per week
	3-4 per week
5	5-6 per week
	1 per day
	2-3 per day
, Ø, ×	4-5 per day
5 oz glass of wine	2-3 per month 1-2 per week 3-4 per week 5-6 per week 1 per day 2-3 per day 4-5 per day Never 1 per month or fewer
5 oz glass of wine	Never
101, 110	1 per month or fewer
SUN	2-3 per month
	1-2 per week
	3-4 per week
0 10	5-6 per week
	1 per day
	2-3 per day
	4-5 per day
	6 or more per day
1.5 oz shot of liquor (including mixed drinks)	Never
	1 per month or fewer
	2-3 per month
	1-2 per week
	3-4 per week
	5-6 per week

Form: Alcohol History

	1 1 7
	1 per day
	2-3 per day
	4-5 per day
	6 or more per day
Age	18-24 years
	25-39 years
	40-54 years
	55 years or older
12 oz bottle or can of beer	Never
	1 per month or fewer
	2-3 per month
	1-2 per week
200	3-4 per week
	5-6 per week
	1 per day
, \(\times \) \(\times \) \(\times \)	2-3 per day
	4-5 per day
Age 12 oz bottle or can of beer 5 oz glass of wine	6 or more per day
5 oz glass of wine	Never
67,7	1 per month or fewer
	2-3 per month
100	1-2 per week
0 ×0	3-4 per week
	5-6 per week
	1 per day
	2-3 per day
	4-5 per day
	6 or more per day
1.5 oz shot of liquor (including mixed drinks)	Never
	1 per month or fewer
	2-3 per month
	1-2 per week
	3-4 per week

Form: Alcohol History

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one and of the action of	
	5-6 per week
	1 per day
	2-3 per day 4-5 per day
	4-5 per day
	6 or more per day

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FORM_OID	
Has the patient ever been exposed to any of the following substances	listed below, for at least 8 hours per
week for 1 year or more, either on a job or working on a hobby?	
Has the patient ever been exposed to agent orange?	No
Thas the patient ever been exposed to agent orange:	Yes
	\cup
	Unknown
Has the patient ever been exposed to other chemicals or solvents?	No
	Yes (specify)
	Unknown
Has the patient ever been exposed to radiation?	No
	Yes (specify)
Has the patient ever been exposed to radiation? Environmental Exposure Type	Unknown
Environmental Exposure Type	Cutting oils, motor vehicle oils
	Asphalt, tar or pitch
	Benzene
×0 × c ⁰	Pesticides
All it is all	Herbicides
	Gasoline
10, 110	Fertilizers
, 50, 10	Arsenic
	Mineral Oils
	Soot
	Creosote
	Inks, dyes, tanning solutions
•	Dry cleaning agents
	Rubber and rubber products
	Vinyl chloride, plastics
	Acrylic and oil based paints
	Varnish, lacquers, or glues
	Paraffin waxes
	Coal dust
	Metals (lead, nickel, zinc)
	Radioactive materials

	X-ray machines
	Agent orange
	Other radiation exposure, specify
	Other chemical exposure, specify
Environmental Exposure?	No
	Yes
	Unknown
(If yes) Years of exposure	Fixed Unit: Year
	Cutting oils, motor vehicle oils Asphalt, tar or pitch Benzene Pesticides Herbicides Gasoline Fertilizers Arsenic Mineral Oils Soot Creosote Inks, dyes, tanning solutions Dry cleaning agents Rubber and rubber products Vinyl chloride, plastics Acrylic and oil based paints Varnish, lacquers, or glues Paraffin waxes
Environmental Exposure Type	Cutting oils, motor vehicle oils
	Asphalt, tar or pitch
	Benzene
	Pesticides
	Herbicides
	Gasoline
	Fertilizers
141.x	Arsenic
4. 11.	Mineral Oils
101	Soot
50,10	Creosote
ot only	Inks, dyes, tanning solutions
(, 0,	Dry cleaning agents
OO ation	Rubber and rubber products Vinyl chloride, plastics
A 0,0	Acrylic and oil based paints
*	Varnish, lacquers, or glues
	Paraffin waxes
	Coal dust
	Metals (lead, nickel, zinc)
	Radioactive materials
	X-ray machines
	Agent orange
	Other radiation exposure, specify
	_

	Other chemical exposure, specify
Environmental Exposure?	No
	Yes
	Unknown
(If yes) Years of exposure	Fixed Unit: Years
Environmental Exposure Type	Cutting oils, motor vehicle oils Asphalt, tar or pitch Benzene Pesticides Herbicides Gasoline Fertilizers Arsenic Mineral Oils Soot Creosote Inks, dyes, tanning solutions Dry cleaning agents Rubber and rubber products Vinyl chloride, plastics Acrylic and oil based paints Varnish, lacquers, or glues Paraffin waxes Coal dust Metals (lead, nickel, zinc) Radioactive materials
	Asphalt, tar or pitch
	Benzene
	Pesticides
	Herbicides
	Gasoline
	Fertilizers
	Arsenic
2	Mineral Oils
	Soot
	Creosote
	Inks, dyes, tanning solutions Dry cleaning agents
	Rubber and rubber products
* 50 *1	Vinyl chloride, plastics
200 6/11	Acrylic and oil based paints
	Varnish, lacquers, or glues
Ocalic	Paraffin waxes
	Coal dust
	Metals (lead, nickel, zinc)
	Radioactive materials
	X-ray machines
	Agent orange
	Other radiation exposure, specify
	Other chemical exposure, specify
Environmental Exposure?	No
	Yes

	Unknown
(If yes) Years of exposure	Fixed Unit: Years
Environmental Exposure Type	Cutting oils, motor vehicle oils
	Asphalt, tar or pitch
	Benzene
	Pesticides
	Herbicides
	Gasoline
	Fertilizers
	Arsenic
	Mineral Oils
	Soot
	Creosote
	Pesticides Herbicides Gasoline Fertilizers Arsenic Mineral Oils Soot Creosote Inks, dyes, tanning solutions Dry cleaning agents Rubber and rubber products Vinyl chloride, plastics Acrylic and oil based paints Varnish, lacquers, or glues Paraffin waxes Coal dust Metals (lead, nickel, zinc) Radioactive materials X-ray machines Agent orange Other radiation exposure, specify
	Dry cleaning agents
W. * *	Rubber and rubber products
H. Mr.	Vinyl chloride, plastics
101	Acrylic and oil based paints
50.7	Varnish, lacquers, or glues Paraffin waxes
	Coal dust
(1000)	Metals (lead, nickel, zinc)
OO XO	Radioactive materials
× 0.0	X-ray machines
•	Agent orange
	Other radiation exposure, specify
	Other chemical exposure, specify
Environmental Exposure?	No
	Yes
	Unknown
(If yes) Years of exposure	Fixed Unit: Years
(II jes, Tems of exposure	Tixed Clift. Teals

Environmental Exposure Type	Cutting oils, motor vehicle oils
	Asphalt, tar or pitch
	Benzene
	Pesticides
	Herbicides
	Gasoline
	Fertilizers
	Arsenic
	Mineral Oils
	Soot
	Creosote Inks, dyes, tanning solutions
	Dry cleaning agents
	Rubber and rubber products
	Vinyl chloride, plastics
	Acrylic and oil based paints
	Varnish, lacquers, or glues
W. * *	Paraffin waxes
H. M.	Coal dust
10	Metals (lead, nickel, zinc)
SVIN	Radioactive materials
	X-ray machines
	Agent orange
Oo Xo	Other radiation exposure, specify
~ O.o.	Other chemical exposure, specify
Environmental Exposure?	No
	Yes
	Unknown
(If yes) Years of exposure	Fixed Unit: Years
Environmental Exposure Type	Cutting oils, motor vehicle oils
1 71	Asphalt, tar or pitch
	Benzene
V' 14 00 1 . 14	

	Pesticides
	Herbicides
	Gasoline
	Fertilizers
	Arsenic
	Mineral Oils
	Soot
	Creosote
	Inks, dyes, tanning solutions
	Dry cleaning agents
	Rubber and rubber products
	Vinyl chloride, plastics
	Acrylic and oil based paints
	Varnish, lacquers, or glues
M	Paraffin waxes
	Coal dust
11/40	Metals (lead, nickel, zinc)
	Radioactive materials
	X-ray machines
10, 110	Agent orange
50.7	Other radiation exposure, specify
Environmental Exposure?	Other chemical exposure, specify
Environmental Exposure?	No
	Yes
A 0,0	Unknown
(If yes) Years of exposure	Fixed Unit: Years
Environmental Exposure Type	Cutting oils, motor vehicle oils
	Asphalt, tar or pitch
	Benzene
	Pesticides
	💆
	Herbicides
	Herbicides Gasoline

•	
	Fertilizers
	Arsenic
	Mineral Oils
	Soot
	Creosote
	Inks, dyes, tanning solutions
	Dry cleaning agents
	Rubber and rubber products
	Vinyl chloride, plastics
	Acrylic and oil based paints
	Varnish, lacquers, or glues
	Paraffin waxes
6	Coal dust
	Metals (lead, nickel, zinc)
	Radioactive materials
01/4/	X-ray machines
1,000	Agent orange
	Other radiation exposure, specify
WHI BINDS	Other chemical exposure, specify
Environmental Exposure?	No
, 50 , 0	Yes
	Unknown
Environmental Exposure? (If yes) Years of exposure	Fixed Unit: Years
O Silv	
Environmental Exposure Type	Cutting oils, motor vehicle oils
	Asphalt, tar or pitch
	Benzene
	Pesticides
	Herbicides
	Gasoline
	Fertilizers
	Arsenic
	Mineral Oils

	Soot
	Creosote
	Inks, dyes, tanning solutions
	Dry cleaning agents
	Rubber and rubber products
	Vinyl chloride, plastics
	Acrylic and oil based paints
	Varnish, lacquers, or glues
	Paraffin waxes
	Coal dust
	Metals (lead, nickel, zinc)
	Radioactive materials
	X-ray machines
	Agent orange Other radiation exposure, specify
	Other chemical exposure, specify
E. installed and the second of	
Environmental Exposure?	No Vas
H. Will	Yes Unknown
(If yes) Years of exposure	Fixed Unit: Years
(ii yes) Tears of exposure	Fixed Unit. Tears
Environmental Exposure Type	Cutting oils, motor vehicle oils
OO XIO	Asphalt, tar or pitch
V 0.0	Benzene Pesticides
*	Herbicides
	Gasoline
	Fertilizers
	Arsenic
	Mineral Oils
	Soot
	Creosote
	Inks, dyes, tanning solutions
	- 0

	, ,
	Dry cleaning agents
	Rubber and rubber products
	Vinyl chloride, plastics
	Acrylic and oil based paints
	Varnish, lacquers, or glues
	Paraffin waxes
	Coal dust
	Metals (lead, nickel, zinc)
	Radioactive materials
	X-ray machines
	Agent orange
	Other radiation exposure, specify
	Other chemical exposure, specify
Environmental Exposure?	No
	Yes
	Unknown
(If yes) Years of exposure	Fixed Unit: Years
	The site of the
Environmental Exposure Type	Cutting oils, motor vehicle oils Asphalt, tar or pitch Benzene Pesticides Herbicides Gasoline Fertilizers
	Asphalt, tar or pitch
X	Benzene
70	Pesticides
~ ×	Herbicides
	Gasoline
\vee	Fertilizers
	Arsenic
	Mineral Oils
	Mineral Oils Soot
	Soot
	Soot
	Soot Creosote Inks, dyes, tanning solutions
	Soot Creosote Inks, dyes, tanning solutions Dry cleaning agents

	Acrylic and oil based paints
	Varnish, lacquers, or glues
	Paraffin waxes
	Coal dust
	Metals (lead, nickel, zinc)
	Radioactive materials
	X-ray machines
	Agent orange
	Other radiation exposure, specify
	Other chemical exposure, specify
Environmental Exposure?	No No
	Yes
	Unknown
(If yes) Years of exposure	Fixed Unit: Years
Environmental Exposure Type	
Environmental Exposure Type	Cutting oils, motor vehicle oils
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Asphalt, tar or pitch
A it W	Benzene
Will is	Pesticides
	Herbicides
X S XIA	Gasoline
	Fertilizers
~O`*?	Arsenic
	Mineral Oils
	Soot
	Creosote
	Inks, dyes, tanning solutions
	Dry cleaning agents
	Rubber and rubber products
	Vinyl chloride, plastics
	Acrylic and oil based paints
	Varnish, lacquers, or glues
	Paraffin waxes
	ı ı

_	
	Coal dust
	Metals (lead, nickel, zinc)
	Radioactive materials
	X-ray machines
	Agent orange
	Other radiation exposure, specify
	Other chemical exposure, specify
Environmental Exposure?	No
	Yes
	Unknown
(If yes) Years of exposure	Fixed Unit: Years
	20 210
Environmental Exposure Type	Cutting oils, motor vehicle oils
	Asphalt, tar or pitch
	Benzene
	Pesticides
, , , , , , , , , , , , , , , , , , ,	Herbicides
H' dit	Gasoline
Environmental Exposure Type	Fertilizers
GUL N	Arsenic
at a still	Mineral Oils
100 El.	Soot
0 ×0	Creosote
	Inks, dyes, tanning solutions
	Dry cleaning agents
	Rubber and rubber products
	, , , , , , , , , , , , , , , , , , ,
	Acrylic and oil based paints
	Varnish, lacquers, or glues
	Paraffin waxes
	Coal dust
	Metals (lead, nickel, zinc)
	Radioactive materials

	X-ray machines
	Agent orange
	Other radiation exposure, specify
	Other chemical exposure, specify
Environmental Exposure?	No
	Yes
	Unknown
(If yes) Years of exposure	Fixed Unit: Year
	Cutting oils, motor vehicle oils Asphalt, tar or pitch Benzene Pesticides Herbicides Gasoline Fertilizers Arsenic Mineral Oils Soot Creosote Inks, dyes, tanning solutions Dry cleaning agents Rubber and rubber products Vinyl chloride, plastics Acrylic and oil based paints Varnish, lacquers, or glues Paraffin waxes
Environmental Exposure Type	Cutting oils, motor vehicle oils
	Asphalt, tar or pitch
	Benzene
	Pesticides
	Herbicides
	Gasoline
	Fertilizers
	Arsenic
4. 4	Mineral Oils
101	Soot
50	Creosote
	Inks, dyes, tanning solutions
(, 0,	Dry cleaning agents
00 %	Rubber and rubber products
V 0,0	Vinyl chloride, plastics
•	Acrylic and oil based paints
	Varnish, lacquers, or glues Paraffin waxes
	Coal dust
	Metals (lead, nickel, zinc)
	Radioactive materials
	X-ray machines
	Agent orange
	Other radiation exposure, specify
	,

	Other chemical exposure, specify
Environmental Exposure?	No
	Yes
	Unknown
(If yes) Years of exposure	Fixed Unit: Years
Environmental Exposure Type Ondia entity in the state of	Cutting oils, motor vehicle oils
	Asphalt, tar or pitch
	Benzene
	Pesticides
	Herbicides
	Gasoline
	Fertilizers
	Arsenic
	Mineral Oils
	Soot
	Creosote
4 101.0	Inks, dyes, tanning solutions
10, 110	Dry cleaning agents
5.4	Rubber and rubber products
ol alli.	Vinyl chloride, plastics
	Acrylic and oil based paints Varnish, lacquers, or glues
	Paraffin waxes
A 0.00	Coal dust
*	Metals (lead, nickel, zinc)
	Radioactive materials
	X-ray machines
	Agent orange
	Other radiation exposure, specify
	Other chemical exposure, specify
Environmental Exposure?	No
	Yes

	Unknown
(If yes) Years of exposure	Fixed Unit: Years
Environmental Exposure Type	Cutting oils, motor vehicle oils
	Asphalt, tar or pitch
	Benzene
	Pesticides
	Herbicides
	Gasoline
	Fertilizers
	Arsenic
	Mineral Oils
	Soot
	Creosote
Donot submit to Donata entry in	Inks, dyes, tanning solutions
	Dry cleaning agents
1777, 40	Rubber and rubber products
H. Will	Vinyl chloride, plastics
10!	Acrylic and oil based paints
67,7	Varnish, lacquers, or glues
	Paraffin waxes
	Coal dust
0 10	Metals (lead, nickel, zinc)
	Radioactive materials
	X-ray machines
	Agent orange
	Other radiation exposure, specify Other chemical exposure, specify
Environmental Exposure?	No
	Yes
	Unknown
(If yes) Years of exposure	Fixed Unit: Years

Environmental Exposure Type	Cutting oils, motor vehicle oils
	Asphalt, tar or pitch
	Benzene
	Pesticides
	Herbicides
	Gasoline
	Fertilizers
	Arsenic
	Mineral Oils
	Soot
	Creosote
	Inks, dyes, tanning solutions
	Ory cleaning agents
	Rubber and rubber products
	Vinyl chloride, plastics
, Ø,	Acrylic and oil based paints
	Varnish, lacquers, or glues Paraffin waxes
H dil	Coal dust
	Metals (lead, nickel, zinc)
SULV	Radioactive materials
	X-ray machines
	Agent orange
00 10	Other radiation exposure, specify
Environmental Exposure?	Other chemical exposure, specify
Environmental Exposure?	No
	Yes
	Unknown
(If yes) Years of exposure	Fixed Unit: Years
Environmental Exposure Type	Cutting oils, motor vehicle oils
	Asphalt, tar or pitch
	Benzene
**	

•	
	Pesticides
	Herbicides
	Gasoline
	Fertilizers
	Arsenic
	Mineral Oils
	Soot
	Creosote
	Inks, dyes, tanning solutions
	Dry cleaning agents
	Rubber and rubber products
	Vinyl chloride, plastics
	Acrylic and oil based paints
	Varnish, lacquers, or glues
	Paraffin waxes
	Coal dust
	Metals (lead, nickel, zinc)
Ji Y	Radioactive materials
	X-ray machines
16,	Agent orange
, 50, 10	Other radiation exposure, specify
	Other chemical exposure, specify
Environmental Exposure?	No
00 210	Yes
Environmental Exposure?	Unknown
(If yes) Years of exposure	Fixed Unit: Years
Environmental Exposure Type	Cutting oils, motor vehicle oils
	Asphalt, tar or pitch
	Benzene
	Pesticides
	Herbicides
	Gasoline

	Fertilizers
	Arsenic
	Mineral Oils
	Soot
	Creosote
	Inks, dyes, tanning solutions
	Dry cleaning agents
	Rubber and rubber products
	Vinyl chloride, plastics
	Acrylic and oil based paints
	Varnish, lacquers, or glues
	Paraffin waxes
S	Coal dust
	Metals (lead, nickel, zinc)
W. CC	Radioactive materials
	X-ray machines
1 20 0	Agent orange
	Other radiation exposure, specify
Environmental Exposure?	Other chemical exposure, specify
Environmental Exposure?	No
5	Yes
	Unknown
(If yes) Years of exposure	Fixed Unit: Years
0 - 200	
Environmental Exposure Type	Cutting oils, motor vehicle oils
	Asphalt, tar or pitch
	Benzene
	Pesticides
	Herbicides
	Gasoline
	Fertilizers
	Arsenic
	Mineral Oils
	O

	Soot
	Creosote
	Inks, dyes, tanning solutions
	Dry cleaning agents
	Rubber and rubber products
	Vinyl chloride, plastics
	Acrylic and oil based paints
	Varnish, lacquers, or glues
	Paraffin waxes
	Coal dust
	Metals (lead, nickel, zinc)
	Radioactive materials
	X-ray machines Agent orange
	Other radiation exposure, specify
	Other chemical exposure, specify
Environmental Exposure?	
Environmental Exposure:	No Yes
A. All	Unknown
(If yes) Years of exposure	Fixed Unit: Years
(if yes) Tears of exposure	Fixed Unit. Tears
Environmental Exposure Type	Cutting oils, motor vehicle oils
00 %0	Asphalt, tar or pitch
	Benzene Pesticides
~	Herbicides
	Gasoline
	Fertilizers
	Arsenic
	Mineral Oils
	Soot
	Creosote
	Inks, dyes, tanning solutions

	Dry cleaning agents
	Rubber and rubber products
	Vinyl chloride, plastics
	Acrylic and oil based paints
	Varnish, lacquers, or glues
	Paraffin waxes
	Coal dust
	Metals (lead, nickel, zinc)
	Radioactive materials
	X-ray machines
	Agent orange
	Other radiation exposure, specify
	Other chemical exposure, specify
Environmental Exposure?	No
	Yes
	Unknown
(If yes) Years of exposure	Fixed Unit: Years
•	Ar it Me
Environmental Exposure Type	Cutting oils, motor vehicle oils Asphalt, tar or pitch Benzene Pesticides Herbicides Gasoline Fertilizers
	Asphalt, tar or pitch
×	Benzene
70	Pesticides
~° ×	Herbicides
	Gasoline
\vee	Fertilizers
	Arsenic
	Mineral Oils
	Soot
	5001
	Creosote
	Creosote
	Creosote Inks, dyes, tanning solutions
	Creosote Inks, dyes, tanning solutions Dry cleaning agents

	Acrylic and oil based paints
	Varnish, lacquers, or glues
	Paraffin waxes
	Coal dust
	Metals (lead, nickel, zinc)
	Radioactive materials
	X-ray machines
	Agent orange
	Other radiation exposure, specify
	Other chemical exposure, specify
Environmental Exposure?	No No
	Yes
	Unknown
(If yes) Years of exposure	Fixed Unit: Years
Environmental Exposure Type	2
Environmental Exposure Type	Cutting oils, motor vehicle oils
W 10 100	Asphalt, tar or pitch
A vil W	Benzene
	Pesticides
ENP 31 4	Herbicides
at a still	Gasoline
100 8/1	Fertilizers
~O`*&	Arsenic
	Mineral Oils
	Soot
	Creosote
	Inks, dyes, tanning solutions
	Dry cleaning agents
	Rubber and rubber products
	Vinyl chloride, plastics
	Acrylic and oil based paints
	Varnish, lacquers, or glues
	Paraffin waxes

	Coal dust
	Metals (lead, nickel, zinc)
	Radioactive materials
	X-ray machines
	Agent orange
	Other radiation exposure, specify
	Other chemical exposure, specify
Environmental Exposure?	No
	Yes
	Unknown
(If yes) Years of exposure	Fixed Unit: Years
(If yes) Years of exposure	Sidata

Form: Military Service Form

US Military Service Start Year	
US Military Service End Year	
What branch of the US military did you serve in (select or	ne)? Army
	Marine Corps
	Navy
	Air Force
	Coast Guard
	National Guard
	Other
If "Other", explain:	
Did you serve overseas?	No
	Yes
If 'Yes', indicate the number of countries Countries	5 6 6 6
Countries	Ascension Island
	Andorra
93/	United Arab Emirates
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Afghanistan
All it is	Antigua and Barbuda
100	Anguilla
16, 11	Albania
50,10	Armenia
ool and	Netherland Antilles
	Angola
O atio	Antarctica
A 0.0	Argentina
•	American Samoa
	Austria
	Australia
	Aruba
	Azerbaidjan
	Bosnia-Herzegovina
	Barbados
	Bangladesh
	Belgium
	_

Burkina Faso
Bulgaria
Bahrain
Burundi
Benin
Bermuda
Brunei Darussalam
Bolivia
Brazil
Bahamas
Bhutan
Bouvet Island
Botswana
Belarus
Belize
Canada
Cocos Isl.
Brunei Darussalam Bolivia Brazil Bahamas Bhutan Bouvet Island Botswana Belarus Belize Canada Cocos Isl. Rep. Dem. Congo Central African Rep. Congo Switzerland Ivory Coast Cook Islands Chile Cameroon China Colombia
Central African Rep.
Congo
Switzerland
Ivory Coast
Cook Islands
Chile
Cameroon
China
Colombia
Costa Rica
Cuba
Cape Verde
Christmas Island
Cyprus
Czech Republic
Germany

Djibouti
Denmark
Dominica
Dominican Republic
Algeria
Ecuador
Estonia
Egypt
Western Sahara
Eritrea
Spain
Ethiopia
Finland
Fiji
Falkland Isl.
Micronesia
Faroe Islands
Estonia Egypt Western Sahara Eritrea Spain Ethiopia Finland Fiji Falkland Isl. Micronesia Faroe Islands France France France (European Ter.) Gabon Great Britain Grenada Georgia Guiana (Fr.) Guernsey Ghana Gibraltar
France (European Ter.)
Gabon
Great Britain
Grenada
Georgia
Guiana (Fr.)
Guernsey
Ghana
Gibraltar
Greenland
Gambia
Guinea
Guadeloupe (Fr.)
Equatorial Guinea
Greece
South Georgia and South Sandwich Islands
Sulfa Wien islands

Guatemala
Guam (US)
Guinea Bissau
Guyana
Hong Kong
Heard & McDonald Isl.
Honduras
Croatia
Haiti 🖰
Hungary
Indonesia
Ireland
Israel
Isle of Man
India
British Indian O. Ter.
Iraq
Iran
Iceland
Italy
Jersey O
Jamaica
Jordan
Japan
Kenya
Honduras Croatia Haiti Hungary Indonesia Ireland Israel Isle of Man India British Indian O. Ter. Iraq Iran Iceland Italy Jersey Jamaica Jordan Japan Kenya Kyrgyz Republic Cambodia
Cambodia
Kiribati Comoros
St. Kitts Nevis Anguilla
Korea (north)
Korea (Nouth)
Kuwait
Cayman Islands
Sayman Islands U

Kazakstan
Laos
Lebanon
Saint Lucia
Liechtenstein
Sri Lanka
Liberia
Lesotho
Lithuania
Luxembourg
Latvia
Libya
Morocco
Monaco
Moldova
Madagascar
Marshall Islands
Liberia Lesotho Lithuania Luxembourg Latvia Libya Morocco Monaco Moldova Madagascar Marshall Islands Macedonia Mali Myanmar Mongolia Macau Northern Mariana Isl. Martinique (Fr.) Mauritania Montserrat Malta
Mali
Myanmar
Mongolia
Macau
Northern Mariana Isl.
Martinique (Fr.)
Mauritania
Montserrat
Malta
Mauritius
Maldives
Malawi
Mexico Melaysia
Malaysia Mozambique
Namibia
Namioia (

New Caledonia (Fr.)
Niger
Norfolk Island
Nigeria
Nicaragua
Netherlands
Norway
Nepal
Nauru
Niue
New Zealand
Oman
Other
Panama
Peru
Polynesia (Fr.)
Norway Nepal Nauru Niue New Zealand Oman Other Panama Peru Polynesia (Fr.) Papua New Guinea Philippines Pakistan Poland St. Pierre & Miquelon Pitcairn Puerto Rico Portugal Palau Paraguay Qatar
Philippines
Pakistan
Poland
St. Pierre & Miquelon
Pitcairn
Puerto Rico
Portugal
Palau
Paraguay
Qatar
Reunion (Fr.)
Romania
Russian Federation
Rwanda
Saudi Arabia
Solomon Islands
Seychelles

Sudan
Sweden
Singapore
St. Helena
Slovenia
Svalbard & Jan Mayen Isl.
Slovakia
Sierra Leone
San Marino
Senegal
Somalia
Suriname
St. Tome and Principe
Soviet Union
El Salvador O
Syria
Swaziland
Slovakia Sierra Leone San Marino Senegal Somalia Suriname Soviet Union El Salvador Syria Swaziland Turks & Caicos Islands Chad French Southern Terr. Togo Thailand Tadjikistan Turkmenistan Turkmenistan Tunisia Tonga
Chad
French Southern Terr.
Tadiikistan
Takalan
Turkmoniston
Tunicia
Tonga
East Timor
Turkey
Trinidad & Tobago
Tuvalu
Taiwan
Tanzania
Ukraine

Form: Military Service Form

	Uganda
	United Kingdom
	US Minor Outlying Isl.
	USA
	Uruguay
	Uzbekistan
	Vatican City State
	St. Vincent & Grenadines
	Venezuela
	Virgin Islands (Brit)
	Virgin Islands (US)
	Vietnam
6 - 8	Vanuatu
,0° 00°	Wallis & Futuna Islands
During your service, did you serve in Vietnam?	Western Samoa
	Yemen
	Mayotte
all of the state o	Yugoslavia
F. Mi. al	South Africa
10, 110	Zambia
50.2	Dem. Rep. of Congo
	Zimbabwe
During your service, did you serve in Vietnam?	No
	Yes
	Unknown
During your service, did you serve aboard a U.S. military vessel that	No C
operated in the inland waterways of Vietnam?	Yes
	Unknown
During a constitution of the constitution of t	
During your service, did you serve on a vessel operating near the demarcation line of the waters of Vietnam and Cambodia?	No
	Yes
	Unknown
During your service, did you serve on any U.S. or Royal Thai	No
military base in Thailand?	Yes
Version 14.00 pushed to	58 of 482
PRODUCTION 04.06.2023 (15421)	

Form: Military Service Form

	Unknown
During your service, did you serve in Laos?	No
	Yes
	Unknown
During your service, did you serve in Cambodia at Mimot or Krek,	No
Kampong Cham Province?	Yes
	Unknown
During your service, did you serve in Guam or American Samoa or in	No
the territorial waters off Guam or American Samoa?	Yes
	Unknown
During your service, did you serve at Johnston Atoll or on a ship that	No
called at Johnston Atoll?	Yes
During your service, did you serve at Johnston Atoll or on a ship that called at Johnston Atoll? Did you serve in or peer the Kersen DMZ?	Unknown
Did you serve in or near the Korean DMZ?	No
0/1/0/0/0	Yes
11 × 0 × col.	Unknown
While serving or on active duty were you in a regular Air Force unit	No
location where a C-123 aircraft with traces of Agent Orange was	Yes
assigned, and had repeated contact with this aircraft due to your duties?	Unknown
During your service, were you involved in transporting, testing,	No
storing, or other uses of Agent Orange?	Yes
	Unknown
During your service, were you assigned as a Reservist to certain	<u> </u>
flight, ground, or medical crew duties at Lockbourne/Rickenbacker	No
Air Force Base in Ohio, Westover Air Force Base in Massachusetts,	Yes
and/or Pittsburgh International Airport in Pennsylvania?	Unknown
Have you ever applied for or received disability benefits related to	No
Agent Orange exposure?	Yes
	Unknown
Did you serve in the Gulf during Operation Desert Shield, Operation	No
Desert Storm, Operation Iraqi Freedom, or Operation New Dawn?	Yes
	Unknown
During your service in the Gulf War were you exposed to Oil Well Fires?	No
Version 14.00 pushed to PRODUCTION 04.06.2023 (15421)	59 of 482
1 NOD 0 C 110 1 0 T.00.2023 (13 T 21)	

Form: Military Service Form

	Yes Unknown
During your service in the Gulf War were you exposed to Chemical	No
or Biological weapons?	Yes
	Unknown
During your service in the Gulf War were you exposed to Depleted	No
Uranium?	Yes
	Unknown

Form: Agent Orange Exposure Form Generated On: 07 Apr 2023 19:36:54

Were you exposed to Agent Orange during Military Service?	No
	NO
	Yes
	Unknown
If 'No', how were you exposed?	Work
If No, now were you exposed:	Residential Proximity
	Other
If "Other", explain:	
Type/location of exposure:	Water
	Land
	Air
	Combination of the above
	Other
TOWN 1 III III	
If "Other", explain:	· V-
Indicate the approximate cumulative duration of exposure to agent	***
orange, choosing the closest unit of the duration.	2
Unit	Days
W Ji 14	Weeks
	Months
10, 110	Years
5	<u>=</u>
0 ×0	
Do Sta Eutra	

Test	Test not done	Lab Value	Lab Unit	Value Abnormal?	Date Hematology (Blood) Sar	mple Obtained
Creatinine, Serum			mg/dL	○ No ○ Yes	🗸	
Alkaline Phosphatase, Serum			U/L	○ No ○ Yes	🗸	
Aspartate Aminotransferase (AST or SGOT), Serum			U/L	○ No ○ Yes	🕶	
Alanine Aminotransferase (ALT or SGPT), Serum	0		U/L	○No Yés	🗸	
Lactate Dehydrogenase (LDH), Serum			U/L	⊘ No ○ Yes	v	
Vitamin B12, Serum			pg/mL	No ○ Yes	🗸	
Copper, Serum			μg/dL	○ No ○ Yes	🕶	
Iron, Serum			μg/dL	○ No ② Yes	🗸	
Total Iron Binding Capacity, Serum	0		μg/dL	No Yes	🗸	
Iron Saturation, Ratio, Serum	0		95	No Yes	🗸	
Ferritin, Serum	0		ng/mL	○ No ○ Yes	🗸	
Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum			mIU/L	○ No ○ Yes	🗸	
Total Protein, Serum			g/dl	○ No ○ Yes	🗸	
Rheumatoid Factor, Serum			UmL	○ No ○ Yes	🗸	
Hemoglobin, Blood			gdL	○ No ○ Yes	🗸	
Platelets, Blood			Vul	○ No ○ Yes	🗸	
White Blood Cells (WBC), #, Blood			ATT.	○ No ○ Yes	🗸	
Absolute Neutrophil Count (ANC), Blood			/µL	○ No ○ Yes	🗸	
Monocytes, #, Blood			/µL	○ No ○ Yes	🗸	
Lymphocytes, #, Blood			/µL	○ No ○ Yes	🗸	
Eosinophils, #, blood			/µL	○ No ○ Yes	🗸	
Basophils, #, Blood			/µL	○ No ○ Yes	🗸	
Reticulocytes, #, Blood			/µL	○ No ○ Yes	🗸	
Blasts, %, Blood	0	TO I	%	○ No ○ Yes	🗸	
Folate, Serum	0		ng/mL	○ No ○ Yes	🗸	
Folate, Red Blood Cell	0 .	SIN	ng/mL	○ No ○ Yes	🗸	
Albumin, Serum	X	N/ J	g/dL	○ No ○ Yes	🗸	
Bilirubin, Total, Serum	0		mg/dL	○ No ○ Yes	🗸	
Direct Antialobulin Test (Coombs). Red Blood Cells	O O ST			○ No ○ Yes	v	



Form: Concomitant Medication Form Generated On: 07 Apr 2023 19:36:54

FORM	

Form instructions:

At Baseline, please report medications from the previous 12 months. Update this form whenever a medication is started or stopped. Disease-modifying therapy given as part of a treatment cycle for MDS should be reported only on the MDS Disease Modifying Therapy Form **and treatment provided for any COVID-19 care should captured on the COVID-19 Medication Form.** Report all other medications, growth factors, and iron chelation on this form.

growth factors, and iron chelation on this form.	
Medication Name	
Medication Start Date	
Medication Stop Date	- 4
Reason for Medication	0
Medication Stop Date Reason for Medication	3. Rota Paye

Form: Charlson Comorbidity Index Yes/No

Generated On: 07 Apr 2023 19:36:54

FORM_OID	
Was Charlson Comorbidity Index completed?	No Yes

Opata entry via Medidata Pave

Form: Charlson Comorbidity Index Generated On: 07 Apr 2023 19:36:54

FORM_OID	
Form instructions: This form is for data capture and entry purposes. Rave CRA's must rely on info in patient of the questions on this form.	chart to answer
Has the patient had a myocardial infarction?	No
	Yes
Has the patient been hospitalized or treated for heart failure?	No C
This the patient seen hospitalized of abuted for heart failure.	Yes
Describerations have marinhand recorded tiercas?	
Does the patient have peripheral vascular disease?	No
	Yes
Has the patient had a CVA or transient ischemic disease?	No Yes
Does the patient have hemiplegia?	No
	Yes
Does the patient have asthma, chronic lung disease, chronic	No
bronchitis or emphysema?	Yes
Does the patient have diabetes that requires treatment?	No
Ar it M	Yes
Does the patient have end organ damage from diabetes?	No
SUP 21 7.	Yes
Does the patient have moderate or severe renal disease?	No
LO SI	Yes
Does the patient have a chronic liver disease?	No
	Yes
Does the patient have moderate to severe liver disease?	No
•	Yes
Has the patient had gastric or peptic ulcers?	No
F 8 8	Yes
Has the patient had cancer (other than basal cell skin cancer)?	No C
	Yes
Type of Cancer	Lymphoma
	Leukemia
W. 1. 14.00 1.1.	

Form: Charlson Comorbidity Index Generated On: 07 Apr 2023 19:36:54

	Solid tumor (specify)
Has the patient had a metastatic solid tumor?	No
	Yes
Type of metastatic solid tumor	Breast
	Colon
	Prostate
	Lung
	Melanoma
	Other (specify)
Does the patient have Alzheimer's, dementia from any etiology or any	No
serious cognitive impairment?	Yes
Does the patient have any rheumatic or connective tissue disease?	No
10° 00°	Yes
Does the patient have HIV or AIDS?	No
8/1/6	Yes
Does the patient have hypertension?	No
LY it We	Yes
Has the patient had decubitus ulcers, peripheral skin ulcers or	No
repeated episodes of cellulitis?	Yes
Does the patient have depression?	No
LO ELL	Yes
Is the patient on warfarin or coumadin?	No
	Yes

Form: Report Period and Vital Status Form

FORM_OID	
Form instructions: Reporting Period Start Date must be the day after Reporting Period first Visit folder, the Reporting Period Start Date should be the day assessments are completed.	-
Reporting Period Start Date (mmm/dd/yyyy)	
Reporting Period End Date (mmm/dd/yyyy)	
Patient's Vital Status	Alive
	Dead
Date of last contact (mmm/dd/yyyy)	
Date of death	0,1
Primary Cause of Death Althority in the second sec	Accident Acute leukemia Other cancer Bacterial infection Chronic Lower Respiratory Disease Fungal infection Heart Disease Hemorrhage Stroke Viral infection Other, specify Unknown

Form: Study Visit Information Generated On: 07 Apr 2023 19:36:54

FORM_OID	
Did the required study visit occur during the reporting period?	? No No
	Yes
Study visit date	
Was participant data still collected?	No C
	Yes
Please specify the method of data collection	Remote patient contact
	External clinic collaboration
	EMR
	Phone and EMR
O ata entry in a	Other, specify
	20, 70
5	C1 000
'W'.C	
8	4100
. Ox 'Vk.	00.
all it is	
10. 110	
, 50 , 19	
oot anti-	
00 210	
V 0.0	

Form: Status Form

FORM_OID	
Form instructions:	
At baseline: Report events from the last 6 months unless otherwise specified	
At study visits: Report events since the last study visit	
ECOG Performance Status	0
	1
	\sim 2
	3
	30
	4
Has the patient progressed to AML?	No
	Yes
Date of diagnosis	$\overline{}$
	No.
Has the patient been hospitalized or been to the emergency room?	No
	Yes
Has the patient been in intensive care unit?	No
	Yes
Has the patient had clinic visit(s)?	No
All it is the	Yes
Has the patient had a packed RBC transfusion?	No
10, 110	Yes
Has the patient had a platelet transfusion?	No No
Has the patient had a platetet transpasion.	\cup
	Yes
Has the patient had any infections requiring therapy?	No
	Yes
Therapy type	Antibiotic
Therapy type	\cup
	Antiviral
	Antifungal
Was IV administration route used?	No
	Yes
Has the patient had any thromboembolic events (at baseline – within	No C
the last 3 years)?	Yes
Has the patient had any clots (NOS)? (at baseline – within the last 3	No No
years)	Yes
	1550
Version 14.00 nushed to	

Form: Status Form

Has the patient had any pulmonary embolisms? (at baseline –	No
within the last 3 years)	Yes
Has the patient had any deep vein thrombosis (DVT)? (at baseline -	No
within the last 3 years)	Yes
Has the patient had any coronary thrombosis? (at baseline – within	No
the last 3 years)	Yes
Has the patient had a central venous access procedure?	No
	Yes
Peripheral Inserted central catheter (PICC) or Midline catheter?	No
	Yes
Silicone central venous (e.g., Hickman, Broviac)	No No
S C*	Yes
Implantable vascular access device (port)	No
	Yes
Has the patient experienced bleeding or hemorrhage of CTCAE	No
grade 2 or higher?	Yes
Event type	Purpura
1011 110	Hematoma
SUL	Hemorrhage, gastrointestinal
	Hemorrhage, genitourinary
	Hemorrhage, pulmonary
00, 78	Hemorrhage, central nervous system
	Hemorrhage, vitreous
Has the patient experienced bleeding or hemorrhage of CTCAE grade 2 or higher? Event type	Hemorrhage, other, specify
Maximum CTCAE grade	2
	3
	4
	5
Has the patient entered hospice care?	No
	Yes
Date entered	

Form: Hospitalization/ER Form Generated On: 07 Apr 2023 19:36:54

FORM_OID	
Hospitalization or ER admission date	
Hospitalization or ER discharge date	
Reason for hospitalization or ER	Bleeding
	Cardiovascular
	Infection
	Neurologic
	Pulmonary
	Therapy
	Transfusion
	Trauma
	Confirmed COVID-19 or
	SARS-CoV-2 infection
	Other, specify
	N CO XO
	10 736
, \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
H di	A.
	₹ Parameter Control of the Control
X 3 X/A	
O ata entry	

Form: ICU Form

FORM_OID	
ICU admission date	
ICU discharge date	
Was patient intubated?	No
	Yes
	Unknown
Did patient receive vasopressor agents?	No O
	Yes
	Unknown
Was the patient treated in ICU for the novel coronavirus	No
(SARS-CoV-2)?	Yes
	Unknown
(SARS-CoV-2)? WHIRITAGE COCATAGE COCATAGE COCATAGE COV-2)?	

Form: Clinic Visit Form

Generated On: 07 Apr 2023 19:36:54

FORM_OID	
Clinic visit date	
Reason for clinic visit	MDS care
	COVID-19 infection
	Other, specify

Donot submit to Medidata Rave

Form: RBC Transfusion Form

FORM_OID	
Transfusion date	
Blood unit type	Packed Whole
Number of units	



Form: Platelet Transfusion Form Generated On: 07 Apr 2023 19:36:54

FORM_OID	
Transfusion date	
Number of bags	
Donor type	Pooled Single

Opata entry via Medidata Pave

Form: Second Primary

Generated On: 07 Apr 2023 19:36:54

FORM OID

Form instructions:

This form is to be completed and submitted within 14 days of diagnosis of a new primary cancer.

If a digital copy of the requested source documentation is not available for direct upload, this form is set up to utilize the CTSU Document Image Portal integration. To utilize this integration, click "Save" at the bottom of the page after completing all the relevant fields on the form. A link to "Print Cover Sheet" will appear under the upload field. Click on the link, print and follow the directions stated on the coversheet. Any questions regarding this functionality, please contact the CTSU Help Desk at 1-888-823-5923.

Date of Diagnosis of Second Primary Cancer	
Site of Second Primary Cancer	Breast
	In situ, usually opposite breast
	Gastrointestinal
Co	Colon
	Rectum
	Gastric
	Pancreas adenocarcinoma/other
, Ø, ×	Neuroendocrine
Do Rot subritivia Ne	Esophagus
H, Vis W.	Liver, gall bladder, bile duct
	Small Intestine
COLD II	Carcinoid
at a still	Anal canal
	Colorectal
~O`*®	Head and neck
	Thyroid
	Brain tumor
	Spinal cord
	Hodgkin's disease
	Non-Hodgkin's Lymphoma
	Lymphosarcoma
	Myeloma
	Acute Lymphocytic Leukemia -
	ALL
	Chronic Lymphocytic Leukemia
	- CLL

Chronic Myelogenous Leukemia	$\overline{}$
- CML	_
Hairy cell leukemia	\subset
Promyelocytic leukemia - APL	\subset
Aids related lymphoma	$\overline{}$
Waldenstrom's	\subset
macroglobulinemia	
Lymphoma, type not specified	
Leukemia, type not specified	\subset
Lung cancer	\subset
Small Cell Lung Cancer	Ċ
Small Cell Lung Cancer Non-Small Cell Lung Cancer Thymoma Pleural Effusion Melanoma Basal cell carcinoma Skin cancer not melanoma Sarcoma Mesothelioma Osteosarcoma Kaposi's Sarcoma Genitourinary Ovarian Endometrium, uterine corpus Renal cell Bladder, uninary tract Testis, germ cell, seminoma Prostate	C
Thymoma	\subseteq
Pleural Effusion	\subseteq
Melanoma	\subseteq
Basal cell carcinoma	\subseteq
Skin cancer not melanoma	\subseteq
Sarcoma	\subset
Mesothelioma	\subseteq
Osteosarcoma	\subseteq
Kaposi's Sarcoma	\subseteq
Genitourinary	\subseteq
Ovarian	\subseteq
Endometrium, uterine corpus	\bigcup
Renal cell	\bigcup
Bladder, uninary tract	\subset
Testis, germ cell, seminoma	\subset
Prostate	\subset
Adrenal	\Box
Cervix	Ć
Penile	Ć
Other gyn	$\bar{\cap}$
Other	\subset
Specify other second primary cancer	<u> </u>

Form: Second Primary

Is it likely that the second primary cancer is related to any anti-cancer	No
treatment the patient has received?	Yes
Include information on histologic subtype	
Please upload copies of any corroborating pathology reports	
(required). NOTE: If the patient has been diagnosed with AML/MDS,	
submit a copy of the pathology report and the cytogenetic report on	
the Marrow Assessment Form.	
Briefly describe treatment planned or given for the diagnosis of this	
second primary	

Page: Hematology/Chemistry - 6 Months Post Registration (1)				C_{λ}	C.	
# Lab Test	Test not done	Lab Value		Lab Unit	Value Abnormal?	Date Hematology (Blood) Sample Obtained
1 Hemoglobin, Blood				Lab Unit g/dL	No Yes	🗸
2 Platelets, Blood				/µL	No ○ Yes	🗸
3 White Blood Cells (WBC), #, Blood	0			/μL /μL	○ No ○ Yes	🗸
4 Absolute Neutrophil Count (ANC), Blood				/μL	○ No ○ Yes	🗸
5 Monocytes, #, Blood	0			/μL	○ No ○ Yes	•
6 Lymphocytes, #, Blood	0			/µL	○ No ○ Yes	•
7 Eosinophils, #, blood	0		3 / U >	VμL	○ No ○ Yes	🗸
8 Basophils, #, Blood	0			/jrt	○ No ○ Yes	🗸
9 Reticulocytes, #, Blood	0			/μL	○ No ○ Yes	•
10 Blasts, %, Blood				%	○ No ○ Yes	🗸
		ot submit				

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms Form: Marrow Assessment Generated On: 07 Apr 2023 19:36:54 FORM OID Form instructions: **NOTES:** When uploading any type of source documentation, please double check to ensure the patient's name and any identifiers, except initials and the patient's ECOG-ACRIN number, have been redacted. The following PHI should be redacted from the uploaded documentation: - Subject Name - Birth Date - Medical record number or other unique ID assigned by the site - Personal address and/or zip code - Personal phone number - Social security number - Accession number NOTE: Please be sure to include the EA patient ID number when uploading any type of source documentation. - Medical record number or other unique ID assigned by the site documentation. Was a bone marrow procedure done: Yes Were bone marrow samples submitted MDS Central Laboratory and Biorepository? Yes Please indicate reason why samples were not submitted Procedure performed at another location Dry tap Patient refusal Site error COVID-19 Related Other (specify) Did the participant have their blood drawn?

Please indicate reason why blood was not drawn

Yes

Patient refusal Site error

Form: Marrow Assessment

	COVID-19 Related
	Clinic visit did not occur
	Other (specify)
Were peripheral blood samples submitted to MDS Central	No
Laboratory and Biorespository?	Yes
Please indicate reason why samples were not collected	Procedure performed at another
	location
	Patient refusal
	Site error
	COVID-19 Related
	Other (specify)
Procedure	Bone marrow biopsy
5	Bone marrow aspirate
	Both biopsy and aspirate
Date of procedure Upload report 2008 WHO Category	
Upload report	10
2008 WHO Category	AML
The state of	ICUS
	MDS/MPN overlap
10, 11,	MDS Refractory cytopenia with
, 5° , 17	unilineage dysplasia - refractory anemia (RCUD-RA)
	MDS Refractory cytopenia with
	unilineage dysplasia - refractory
	Neutropenia (RCUD-RN)
V 0.0	MDS Refractory cytopenia with unilineage dysplasia - refractory
V	Thrombocytopenia (RCUD-RT)
	MDS Refractory anemia with
	ring sideroblasts (RARS)
	MDS Refractory cytopenia with multilineage dysplasia (RCMD)
	MDS Refractory anemia with
	excess blasts-1 (RAEB-1)
	MDS Refractory anemia with
	excess blasts-2 (RAEB-2) MDS associated with isolated
	del(5q)

Form: Marrow Assessment

	Myelodysplastic syndrome unclassified (MDS-U)
	Other Malignancy, specify
	Other, specify
2016 WHO Category	AML
2010 1110 Category	ICUS
	MDS/MPN overlap
	· O
	MDS with single lineage dysplasia (MDS-SLD)
	MDS with single lineage
	dysplasia and ring sideroblasts
	(MDS-RSSLD)
	MDS with multilineage dysplasia (MDS-MLD)
	MDS with multilineage dysplasia
	and ring sideroblasts
	(MDS-RSMLD)
	MDS with excess blasts-1
Ø` ⟨ 〉	(MDS-EB1, 5-9% blasts) MDS with excess blasts-2
, XV ×O ,	(MDS-EB2, 10-19% blasts)
Jr 11: 12	MDS with isolated del(5q)
	MDS, unclassifiable (MDS-U)
10, 110	Other Malignancy, specify
Blast, %, Bone Marrow	Other, specify
Blast, %, Bone Marrow	Fixed Unit: %
Blast, Bone Marrow, reported within normal limits	
Cellularity, %, Bone Marrow	Fixed Unit: %
Cellularity, Bone Marrow, % unknown	Hypocellular
	Normocellular
	Hypercellular
Molecular diagnostics performed?	No
	Yes, report uploaded
	Yes, report not uploaded
FISH performed?	No O
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Form: Marrow Assessment

<u> </u>	
	Yes, report uploaded
	Yes, report not uploaded
Cytogenetic karyotyping performed?	No
	Yes, report uploaded
	Yes, report not uploaded
Upload molecular diagnostics, FISH, and/or cytogenetic reports	



Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms Form: Baseline Marrow Assessment Generated On: 07 Apr 2023 19:36:54 FORM OID Form instructions: **NOTE:** The flow cytometry report submitted under Molecular Diagnostics IS NOT a substitute for the cytogenetic and karyotype report. The cytogenetic report can take 7-10 days post collection before it is complete and ready to be uploaded. Please remember to upload the cytogenetic and karyotype reports when they are complete for central pathology review and study assignment to occur in a timely manner. **NOTE:** When uploading any type of source documentation, please double check to ensure the patient's name and any identifiers, except initials and the patient's ECOG-ACRIN number, have been redacted. The following PHI should be redacted from the uploaded documentation: The following PHI should be redacted from the uploaded documentation: - Subject Name - Birth Date - Medical record number or other unique ID assigned by the site - Personal address and/or zip code - Personal phone number - Social security number - Accession number NOTE: Please be sure to include the EA patient ID number when uploading any type of source documentation. documentation. Was a bone marrow procedure Were bone marrow samples submitted to MDS Central Laboratory and Biorepository? Please indicate reason why samples were not submitted Procedure performed at another location Dry tap Patient refusal Site error

COVID-19 Related Other (specify)

Form: Baseline Marrow Assessment Generated On: 07 Apr 2023 19:36:54

Did the participant have their blood drawn?	No
	Yes
Please indicate reason why blood was not drawn	Patient refusal
	Site error
	COVID-19 Related
	Clinic visit did not occur
	Other (specify)
Were peripheral blood samples submitted to MDS Central	No
Laboratory and Biorespository?	Yes
Please indicate reason why samples were not collected	Procedure performed at another
	location
	Patient refusal
50	Site error COVID-19 Related
	Other (specify)
Procedure	Bone marrow biopsy
THE TO VO	Bone marrow aspirate
4, Vis b.	Both biopsy and aspirate
Date of procedure	
Upload report	
Upload report 2008 WHO Category	AML
	ICUS
0 × 0	MDS/MPN overlap
	MDS Refractory cytopenia with
	unilineage dysplasia - refractory anemia (RCUD-RA)
	MDS Refractory cytopenia with
	unilineage dysplasia - refractory Neutropenia (RCUD-RN)
	MDS Refractory cytopenia with
	unilineage dysplasia - refractory
	Thrombocytopenia (RCUD-RT) MDS Refractory anemia with
	ring sideroblasts (RARS)
	MDS Refractory cytopenia with
	multilineage dysplasia (RCMD)

Form: Baseline Marrow Assessment Generated On: 07 Apr 2023 19:36:54

	MDS Refractory anemia with
	excess blasts-1 (RAEB-1)
	MDS Refractory anemia with
	excess blasts-2 (RAEB-2)
	MDS associated with isolated
	del(5q)
	Myelodysplastic syndrome
	unclassified (MDS-U)
	Other Malignancy, specify
	Other, specify
2016 WHO Category	AML
	ICUS
	MDS/MPN overlap
	MDS with single lineage
5	dysplasia (MDS-SLD)
	MDS with single lineage
	dysplasia and ring sideroblasts
<i>M</i> . C.	(MDS-RSSLD)
	MDS with multilineage dysplasia
	(MDS-MLD)
, XV xO , Ø	MDS with multilineage dysplasia
	and ring sideroblasts
	(MDS-RSMLD)
	MDS with excess blasts-1
16 1,	(MDS-EB1, 5-9% blasts)
S	MDS with excess blasts-2
	(MDS-EB2, 10-19% blasts)
	MDS with isolated del(5q)
	MDS unalogifishle (MDS II)
00 %0	MDS, unclassifiable (MDS-U)
V 0.0	Other Malignancy, specify
	Other, specify
Blast, %, Bone Marrow	Fixed Unit: %
Blast, Bone Marrow, reported within normal limits	
Cellularity, %, Bone Marrow	Fixed Unit: %
Centrality, 70, Bone Mariow	Trace Offic. 70
Cellularity, Bone Marrow, % unknown	Hypocellular C
•	Normocellular
	Hypercellular

Form: Baseline Marrow Assessment Generated On: 07 Apr 2023 19:36:54

Generated On: 07 Apr 2020 17:50:54	
Molecular diagnostics performed?	No
	Yes, report uploaded
	Yes, report not uploaded
FISH performed?	No
	Yes, report uploaded
	Yes, report not uploaded
Cytogenetic karyotyping performed?	No C
	Yes, report uploaded
	Yes, report not uploaded
Upload molecular diagnostics, FISH, and/or cytogenetic reports	
Upload molecular diagnostics, FISH, and/or cytogenetic reports	ata Rave

Form: Marrow Assessment Hematology/Chemistry 1

FORM_OID	
Lab Test	Absolute Neutrophil Count
	(ANC), Blood
	Activated Partial Thromboplastin Time (APTT)
	Alanine Aminotransferase (ALT)
	or SGPT), Serum
	Albumin, Serum
	Alkaline Phosphatase, Serum
	Amylase, Serum
	Aspartate Aminotransferase (AST or SGOT), Serum
	Beta-2 Microglobulin, Serum
	Bicarbonate, Serum
	Carcinogenic Antigen (CEA), Serum Carcinogenic Antigen (CA), Serum Carcinogenic Antigen (CA), Serum CD20, #, Blood CD4 Cells, #, Blood CD8 Cells, #, Blood Chloride, Serum Cholesterol,
	Bilirubin, Total, Serum
	Blasts, %, Blood
	Blood Urea Nitrogen (BUN),
	Serum C Reactive Protein, Serum
	Calcium, Serum
	Carcinoembryonic Antigen
	(CEA), Serum
	Carcinogenic Antigen 19-9 (CA19-9), Serum
	CD20, #, Blood
	CD4 Cells, #, Blood
	CD8 Cells, #, Blood
	Chloride, Serum
	Cholesterol, Serum
	Creatine Kinase (CK), Serum
	Creatinine Clearance, 24 hour, Urine
	Creatinine, Serum
	Erythrocyte Sedimentation Rate
	(ESR), Blood Ferritin, Serum
	Fibrinogen, Blood
	Tiorinogen, Blood

Gamma Glutamyl Transferase	Ī
(GGT), Serum	ر -
Glucose, Fasting, Serum)
Glucose, Non-fasting, Serum)
Haptoglobin, Serum	j
Hematocrit, %, Blood	ĺ
Hemoglobin, Blood	ĺ
High Density Lipoprotein,)
Cholesterol, Serum	
HIV Viral Load, Serum)
Immunoglobulin A (IgA), Serum)
Immunoglobulin G (IgG), Serum)
Immunoglobulin M (IgM),	Ć
Serum Serum	_
International Normalized Ratio (INR), Prothrombin Time, Blood	J
Iron, Serum	`
Lactate Dehydrogenase (LDH),	Z
Serum	J
Lipase, Serum)
Low Density Lipoproteins,	ጎ
Cholesterol, Serum	J
Lymphocytes, #, Blood)
Magnesium, Serum)
Monocytes, #, Blood	Ć
Serum International Normalized Ratio (INR), Prothrombin Time, Blood Iron, Serum Lactate Dehydrogenase (LDH), Serum Lipase, Serum Low Density Lipoproteins, Cholesterol, Serum Lymphocytes, #, Blood Magnesium, Serum Monocytes, #, Blood Partial Prothromboplastin Time (PTT), Blood Phosphate (inorganic Phosphorus), Serum Platelets, Blood Potassium, Serum)
Phosphate (inorganic	`
Phosphorus), Serum	J
Platelets, Blood)
Potassium, Serum	Ź
Prostate Specific Antigen (PSA),	J
Prothrombin Time (PT), Blood	` ``
Reticulocytes, %, Red Blood	ļ
Cells	J
Sodium, Serum)
Thyrotropin (Thyroid	く
Stimulating Hormone or TSH),	ر
Serum	

Form: Marrow Assessment Hematology/Chemistry 1

	Thyroxine (T4), Serum
	Total Iron Binding Capacity, Serum
	Total Protein, Serum
	Transferrin, Serum
	Triglycerides, Serum
	White Blood Cells (WBC), #,
	Blood — Eosinophils, #, blood —
	Creatinine Clearance (CrCl),
	Cockcroft-Gault, Serum
	Vitamin B12, Serum
	Folate, Serum
	Copper, Serum
	Iron Saturation, Ratio, Serum
	Paroxysmal Nocturnal
	Hemoglobinuria Flow Direct Antiglobulin Test
	(Coombs), Red Blood Cells
	Total Protein Electrophoresis,
	Serum Rheumatoid Factor, Serum
	Folate, Red Blood Cell
	Antinuclear Antibody (ANA),
	Serum
	Basophils, #, Blood
	Reticulocytes, #, Blood
Test not done	Vitamin B12, Serum Folate, Serum Copper, Serum Iron Saturation, Ratio, Serum Paroxysmal Nocturnal Hemoglobinuria Flow Direct Antiglobulin Test (Coombs), Red Blood Cells Total Protein Electrophoresis, Serum Rheumatoid Factor, Serum Folate, Red Blood Cell Antinuclear Antibody (ANA), Serum Basophils, #, Blood Reticulocytes, #, Blood
Lab Value	
Lab Unit	/μL
	sec
	U/L
	g/dL
	U/L
	U/L
	U/L
	ug/mL

	mEq/L mg/dL mg/dL % mg/dL mg/dL mg/dL mg/dL ng/mL U/mL
Do not submit via Medidata Rave Do not submit via Medidata Rave	mEq/L mg/dL U/L mL/min mg/dL u/L U/L U/L U/L

	mg/dL
	mg/dl 🗍
	/µL 🗍
	sec
	mg/dl O
	/µL 🔘
	mmol/L
	ng/ml
	sec
	% 🔘
	mmol/L
6, 40	mIU/L
SCXO	ug/dl O
	μg/dL 🔘
	g/dl O
8/ // 1/00	mg/dl 🗍
**************************************	mg/dl 🗍
Donot submit to Inedidata Rave	/μL 🗍
	/μL 🗍
110, 11,	/μL
* 8° * 4	mL/min
	pg/mL
	ng/mL
	μg/dL
	%
*	g/dL O
	U/mL
	ng/mL
	, u O
	/µL
	/μL
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	()

Form: Marrow Assessment Hematology/Chemistry 1

Value Abnormal?	No
	Yes
Date Hematology (Blood) Sample Obtained	
Lab Test	Absolute Neutrophil Count
	(ANC), Blood
	Activated Partial Thromboplastin
	Time (APTT)
	Alanine Aminotransferase (ALT
	or SGPT), Serum Albumin, Serum
	Allcalina Dhaanhataga, Samum
	Amylase, Serum
	Aspartate Aminotransferase
	(AST or SGOT), Serum
	Beta-2 Microglobulin, Serum
	Bicarbonate, Serum
	Bilirubin, Direct, Serum
	Bilirubin, Total, Serum
)x '\	Blasts, %, Blood
O o ota entry i	Blood Urea Nitrogen (BUN),
	Serum C Reactive Protein, Serum
END 11	Calcium, Serum
43 410	Carcinoembryonic Antigen
	(CEA), Serum
	Carcinogenic Antigen 19-9
00 %.0.	(CA19-9), Serum
V 0.0	CD20, #, Blood
	CD4 Cells, #, Blood
	CD8 Cells, #, Blood
	Chloride, Serum
	Cholesterol, Serum
	Creatine Kinase (CK), Serum
	Creatinine Clearance, 24 hour, Urine
	Creatinine, Serum
	Erythrocyte Sedimentation Rate (ESR), Blood

Ferritin, Serum
Fibrinogen, Blood
Gamma Glutamyl Transferase
Glucos Fosting Sorum
Glucose, Fasting, Serum
Glucose, Non-fasting, Serum
Haptoglobin, Serum
Hematocrit, %, Blood
Hemoglobin, Blood
High Density Lipoprotein, Cholesterol, Serum
HIV Viral Load, Serum
Immunoglobulin A (IgA), Serum
Immunoglobulin G (IgG), Serum
Immunoglobulin M (IgM),
Serum
International Normalized Ratio (INR), Prothrombin Time, Blood
Iron, Serum
Lactate Dehydrogenase (LDH),
Serum
Lipase, Serum
Low Density Lipoproteins, Cholesterol, Serum
Lymphocytes, #, Blood
Magnesium, Serum
Monocytes, #, Blood
Immunoglobulin G (IgG), Serum Immunoglobulin M (IgM), Serum International Normalized Ratio (INR), Prothrombin Time, Blood Iron, Serum Lactate Dehydrogenase (LDH), Serum Lipase, Serum Lupase, Serum Lymphocytes, #, Blood Magnesium, Serum Monocytes, #, Blood Partial Prothromboplastin Time (PTT), Blood Phosphate (inorganic Phosphorus), Serum Phosphorus), Serum
Phosphate (inorganic
Phosphorus), Serum
Platelets, Blood
Potassium, Serum
Prostate Specific Antigen (PSA),
Serum Prothrombin Time (PT), Blood
Reticulocytes, %, Red Blood
Cells
Sodium, Serum

Form: Marrow Assessment Hematology/Chemistry 1

	Thyrotropin (Thyroid
	Stimulating Hormone or TSH),
	Serum
	Thyroxine (T4), Serum
	Total Iron Binding Capacity, Serum
	Total Protein, Serum
	Transferrin, Serum
	Triglycerides, Serum
	White Blood Cells (WBC), #,
	Blood
	Eosinophils, #, blood
	Creatmine Clearance (CrCl), Cockeroft-Gault, Serum Vitamin B12, Serum Folate, Serum Copper, Serum Iron Saturation, Ratio, Serum Paroxysmal Nocturnal Hemoglobinuria Flow Direct Antiglobulin Test (Coombs), Red Blood Cells Total Protein Electrophoresis, Serum Rheumatoid Factor, Serum Folate, Red Blood Cell Antinuclear Antibody (ANA), Serum Basophils, #, Blood Reticulocytes, #, Blood
	Vitamin B12, Serum
	Folate, Serum
	Copper, Serum
	Iron Saturation, Ratio, Serum
	Paroxysmal Nocturnal
	Hemoglobinuria Flow
	Direct Antiglobulin Test
	(Coombs), Red Blood Cells
	Total Protein Electrophoresis, Serum
	Rheumatoid Factor, Serum
	Folate, Red Blood Cell
	Antinuclear Antibody (ANA), Serum
	Basophils, #, Blood
	Reticulocytes, #, Blood
Test not done	
Lab Value	
Lab Unit	/μL
	sec
	U/L
	g/dL
	U/L
	U/L O

	U/L O
	ug/mL
	mEq/L
	mg/dL
	mg/dL
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	mg/dL
	mg/dL
	mg/dL
	ng/mL
	U/mL
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	mEq/L
	mg/dL
	U/L
INVESTIGATION OF THE PROPERTY	mL/min
H. W. V.	mg/dL
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	mg/dL
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	μg/dL
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Ţ	g/dL

Form: Marrow Assessment Hematology/Chemistry 1

	O
V-1 - Al.,19	
Value Abnormal?	No Yes
Data Hamatalagy (Pland) Sample Obtained	165
Date Hematology (Blood) Sample Obtained	
Lab Test	Absolute Neutrophil Count (ANC), Blood Activated Partial Thromboplastin
	Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum
	Alkaline Phosphatase, Serum
Donot submit to h	Aspartate Aminotransferase (AST or SGOT), Serum Beta-2 Microglobulin, Serum
BILL	Bicarbonate, Serum
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Bilirubin, Direct, Serum
4. All Sh	Bilirubin, Total, Serum
10, 710	Blasts, %, Blood Blood Urea Nitrogen (BUN),
* 50 *K	Serum
Co all	C Reactive Protein, Serum Calcium, Serum
Dodra	Carcinoembryonic Antigen (CEA), Serum
	Carcinogenic Antigen 19-9 (CA19-9), Serum
	CD4 Cells, #, Blood CD8 Cells, #, Blood
	Chloride, Serum
	Cholesterol, Serum
	Creatine Kinase (CK), Serum
	Creatinine Clearance, 24 hour, Urine
	Creatinine, Serum

Erythrocyte Sedimentation Rate
(ESR), Blood
Ferritin, Serum
Fibrinogen, Blood
Gamma Glutamyl Transferase
(GGT), Serum
Glucose, Fasting, Serum
Glucose, Non-fasting, Serum
Haptoglobin, Serum
Hematocrit, %, Blood
Hemoglobin, Blood
High Density Lipoprotein,
Cholesterol, Serum —
HIV Viral Load, Serum
Immunoglobulin A (IgA), Serum
Immunoglobulin G (IgG), Serum
Immunoglobulin M (IgM), Serum
International Normalized Ratio
(INR), Prothrombin Time, Blood
Iron, Serum
Lactate Dehydrogenase (LDH),
Serum Lipase, Serum
Low Density Linearotains
Low Density Lipoproteins, Cholesterol, Serum
Lymphocytes, #, Blood
Magnesium, Serum
Monocytes, #, Blood
Immunoglobulin A (IgA), Serum Immunoglobulin G (IgG), Serum Immunoglobulin M (IgM), Serum International Normalized Ratio (INR), Prothrombin Time, Blood Iron, Serum Lactate Dehydrogenase (LDH), Serum Lipase, Serum Low Density Lipoproteins, Cholesterol, Serum Lymphocytes, #, Blood Magnesium, Serum Monocytes, #, Blood Partial Prothromboplastin Time (PTT), Blood
Phosphate (inorganic
Phosphorus), Serum
Platelets, Blood
Potassium, Serum
Prostate Specific Antigen (PSA), Serum
Prothrombin Time (PT), Blood
Reticulocytes, %, Red Blood
Cells

Form: Marrow Assessment Hematology/Chemistry 1

	Sodium, Serum
	Thyrotropin (Thyroid Stimulating Hormone or TSH),
	Serum
	Thyroxine (T4), Serum
	Total Iron Binding Capacity, Serum
	Total Protein, Serum
	Transferrin, Serum
	Triglycerides, Serum
	White Blood Cells (WBC), #,
	Blood Eosinophils, #, blood
	Creatinine Clearance (CrCl),
	Cockcroft-Gault, Serum
	Vitamin B12, Serum
	Folate, Serum
	Blood Eosinophils, #, blood Creatinine Clearance (CrCl), Cockcroft-Gault, Serum Vitamin B12, Serum Folate, Serum Copper, Serum Iron Saturation, Ratio, Serum Paroxysmal Nocturnal Hemoglobinuria Flow Direct Antiglobulin Test (Coombs), Red Blood Cells Total Protein Electrophoresis, Serum Rheumatoid Factor, Serum Folate, Red Blood Cell Antinuclear Antibody (ANA), Serum Basophils, #, Blood Reticulocytes, #, Blood
	Iron Saturation, Ratio, Serum
	Paroxysmal Nocturnal
	Hemoglobinuria Flow
	Direct Antiglobulin Test (Coombs), Red Blood Cells
	Total Protein Electrophoresis,
	Serum
	Rheumatoid Factor, Serum
	Folate, Red Blood Cell
	Antinuclear Antibody (ANA),
	Serum Basophils, #, Blood
	Reticulocytes, #, Blood
	Reflection by the state of the
Test not done	
Lab Value	
Lab Unit	$/\mu L$
	sec
	U/L
	g/dL
	U/L

The state of the s	U/L Og/mL Ong/dL
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Alth Bhilt of Medidata Rave	μg/dL U/L U/L mg/dL mg/dl /μL sec mg/dl /μL mmol/L mIU/L ug/dl μg/dL g/dl mg/dl μμL μμL μμL μμL μμL μμL μμL μ
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	% g/dL
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Form: Marrow Assessment Hematology/Chemistry 1

	\succeq
Value Abnormal?	No
	Yes
Date Hematology (Blood) Sample Obtained	
Lab Test	Absolute Neutrophil Count
	(ANC), Blood
	Activated Partial Thromboplastin
	Time (APTT) Alanine Aminotransferase (ALT)
	or SGPT), Serum
	Albumin, Serum
	Alkaline Phosphatase, Serum
O Pata ent	Amylase, Serum
	Aspartate Aminotransferase
	(AST or SGOT), Serum
	Beta-2 Microglobulin, Serum
	Bicarbonate, Serum
4,	Bilirubin, Direct, Serum
	Bilirubin, Total, Serum
	Blasts, %, Blood
X S X	Blood Urea Nitrogen (BUN),
200 01	Serum
	C Reactive Protein, Serum
	Calcium, Serum
* O°	Carcinoembryonic Antigen (CEA), Serum
•	Carcinogenic Antigen 19-9
	(CA19-9), Serum
	CD20, #, Blood
	CD4 Cells, #, Blood
	CD8 Cells, #, Blood
	Chloride, Serum
	Cholesterol, Serum
	Creatine Kinase (CK), Serum
	Creatinine Clearance, 24 hour,
	Urine

Constinue Seman	=
Creatinine, Serum	ر_
Erythrocyte Sedimentation Rate	\bigcap
(ESR), Blood	_
Ferritin, Serum	ر
Fibrinogen, Blood	\bigcup
Gamma Glutamyl Transferase	
(GGT), Serum	<u>ー</u>
Glucose, Fasting, Serum	
Glucose, Non-fasting, Serum	
Haptoglobin, Serum	\supset
Hematocrit, %, Blood	$\overline{}$
Hemoglobin, Blood	ヿ゙
High Density Lipoprotein,	$\vec{\lnot}$
Cholesterol, Serum	_
HIV Viral Load, Serum	\bigcap
Immunoglobulin A (IgA), Serum	う
Immunoglobulin G (IgG), Serum	\supset
Immunoglobulin M (IgM),	\supset
Serum	<u>ー</u>
International Normalized Ratio	\bigcup
(INR), Prothrombin Time, Blood Iron, Serum	$\overline{}$
Lastata Dahudra canasa (LDII)	\preceq
Lactate Dehydrogenase (LDH), Serum	
Lipase, Serum	\neg
Low Density Lipoproteins,	\prec
Cholesterol, Serum	ر
Lymphocytes, #, Blood	\supset
Inmunoglobulin A (IgA), Serum Immunoglobulin G (IgG), Serum Immunoglobulin M (IgM), Serum International Normalized Ratio (INR), Prothrombin Time, Blood Iron, Serum Lipase, Serum Lipase, Serum Low Density Lipoproteins, Cholesterol, Serum Lymphocytes, #, Blood Magnesium, Serum Monocytes, #, Blood Partial Prothromboplastin Time	\preceq
Monocytes, #, Blood	\preceq
	J
(PTT), Blood Phosphate (inorganic)	\neg
Phosphorus), Serum	ر
Platelets, Blood	\supset
Potassium, Serum	\preceq
Prostate Specific Antigen (PSA),	\preceq
Serum \	_
Prothrombin Time (PT), Blood	

Form: Marrow Assessment Hematology/Chemistry 1

	Reticulocytes, %, Red Blood
	Cells
	Sodium, Serum
	Thyrotropin (Thyroid
	Stimulating Hormone or TSH), Serum
	Thyroxine (T4), Serum
	Total Iron Binding Capacity, Serum
	Total Protein, Serum
	Transferrin, Serum
	Triglycerides, Serum
O Pata entry	White Blood Cells (WBC), #, Blood
	Eosinophils, #, blood
	Creatinine Clearance (CrCl),
	Cockcroft-Gault, Serum Vitamin B12, Serum
61/1	Folate, Serum
×C	Copper, Serum
Al, it	Iron Saturation, Ratio, Serum
	Paroxysmal Nocturnal Hemoglobinuria Flow
	Direct Antiglobulin Test
* 2 * W	(Coombs), Red Blood Cells
200 8:100	Total Protein Electrophoresis,
	Serum Cheumatoid Factor, Factor, Serum Cheumatoid Factor, Serum Cheumat
Ocalia	Folate, Red Blood Cell
	Antinuclear Antibody (ANA),
	Serum
	Reticulocytes, #, Blood
Test not done	
Lab Value	
Lab Unit	/μL
	sec
	U/L
	g/dL
Version 14.00 pushed to	202 of 492

c P.I.	U/L U/L U/L U/L ug/mL mEq/L mg/dL mg/dL mg/dL mg/dL mg/dL mg/dL mg/dL
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	U/L
	mg/dL
	mg/dl
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	mmol/L
	ng/ml
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	% mma1/I
	mmol/L mIU/L
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1011 110	mg/dl
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	mL/min
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Form: Marrow Assessment Hematology/Chemistry 1

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Generated On: 07 Apr 2023 17:30:34	
	/μL
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	Ō
Value Abnormal?	No
	Yes
Date Hematology (Blood) Sample Obtained	
Lab Test	Absolute Neutrophil Count
240 1050	(ANC), Blood
	Activated Partial Thromboplastin
	Time (APTT) Alanine Aminotransferase (ALT)
	or SGPT), Serum
	Albumin, Serum
	Alkaline Phosphatase, Serum
	Amylase, Serum
<	Aspartate Aminotransferase
	(AST or SGOT), Serum Beta-2 Microglobulin, Serum
	Bicarbonate, Serum
	Bilirubin, Direct, Serum
(6)	Bilirubin, Total, Serum
	Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Alkaline Phosphatase, Serum Amylase, Serum Aspartate Aminotransferase (AST or SGOT), Serum Beta-2 Microglobulin, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen (CEA), Serum Carcinogenic Antigen 19-9
202	Blood Urea Nitrogen (BUN),
	Serum
00 210	C Reactive Protein, Serum
	Calcium, Serum
~	Carcinoembryonic Antigen
	(CEA), Serum Carcinogenic Antigen 19-9
	(CA19-9), Serum
	CD20, #, Blood
	CD4 Cells, #, Blood
	CD8 Cells, #, Blood
	Chloride, Serum
	Cholesterol, Serum
	Creatine Kinase (CK), Serum

Creatinine Clearance, 24 hour,	$\overline{}$
Urine	. ,
Creatinine, Serum	\bigcap
Erythrocyte Sedimentation Rate	\preceq
(ESR), Blood	
Ferritin, Serum	
Fibrinogen, Blood	\bigcup
Gamma Glutamyl Transferase	
(GGT), Serum Glucose, Fasting, Serum	
-	\cup
Glucose Non-fasting, Serum	\cup
Haptoglobin, Serum	\cup
Hematocrit, %, Blood	\cup
Hemoglobin, Blood	\cup
High Density Lipoprotein,	
Cholesterol, Serum HIV Viral Load, Serum	
The vital Load, Serum	\cup
Immunoglobulin A (IgA), Serum	()
Immunoglobulin G (IgG), Serum	\cup
Immunoglobulin M (IgM), Serum	. ,
International Normalized Ratio	
(INR), Prothrombin Time, Blood	
Iron, Serum	
Lactate Dehydrogenase (LDH),	
Serum Lineae Samum	
Lipase, Serum	\cup
Low Density Lipoproteins, Cholesterol, Serum	
Lymphocytes, #, Blood	
Hemoglobin, Blood High Density Lipoprotein, Cholesterol, Serum HIV Viral Load, Serum Immunoglobulin A (IgA), Serum Immunoglobulin G (IgG), Serum Immunoglobulin M (IgM), Serum International Normalized Ratio (INR), Prothrombin Time, Blood Iron, Serum Lactate Dehydrogenase (LDH), Serum Lipase, Serum Low Density Lipoproteins, Cholesterol, Serum Lymphocytes, #, Blood Magnesium, Serum	\preceq
Monocytes, #, Blood	
Partial Prothromboplastin Time (PTT), Blood	. ,
Phosphate (inorganic	
Phosphorus), Serum	
Platelets, Blood	
Potassium, Serum	\subset
Prostate Specific Antigen (PSA), Serum	. ,
Setun	-

Form: Marrow Assessment Hematology/Chemistry 1

	Prothrombin Time (PT), Blood
	Reticulocytes, %, Red Blood
	Cells Sodium, Serum
	Thyrotropin (Thyroid
	Stimulating Hormone or TSH),
	Serum
	Thyroxine (T4), Serum
Do pata entry ia Ne	Total Iron Binding Capacity, Serum
	Total Protein, Serum
	Transferrin, Serum
	Triglycerides, Serum
	White Blood Cells (WBC), #,
	Fosinophils # blood
	Creatinine Clearance (CrCl)
	Cockcroft-Gault, Serum
8	Vitamin B12, Serum
, N x 0 , 0	Folate, Serum
W Ji W	Copper, Serum
	Iron Saturation, Ratio, Serum
	Paroxysmal Nocturnal
* 8° *W	Hemoglobinuria Flow
201 20th	(Coombs), Red Blood Cells
	Total Protein Electrophoresis,
O ation	Serum
0.0	Rheumatoid Factor, Serum
•	Folate, Red Blood Cell
	Antinuclear Antibody (ANA), Serum
	Basophils, #, Blood
	Reticulocytes, #, Blood
Test not done	
Lab Value	
Lab Unit	/μL
	sec
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Form: Marrow Assessment Hematology/Chemistry ${\bf 1}$

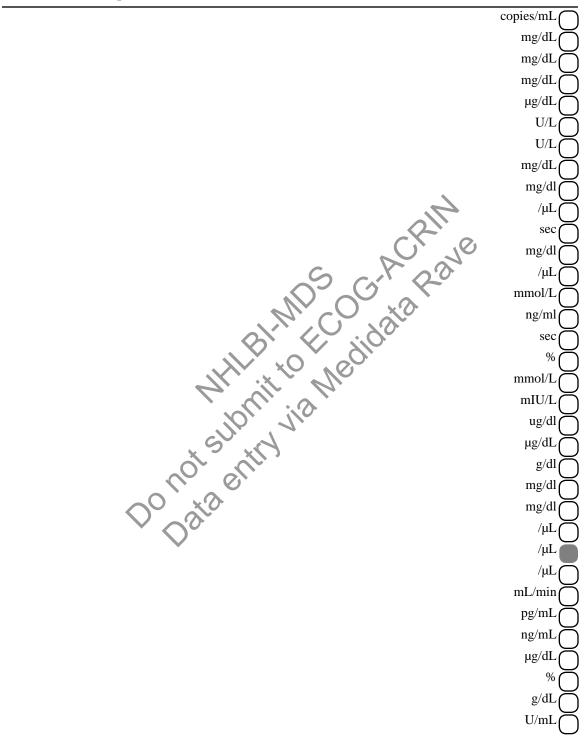
	/µL
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Value Abnormal?	No C
	Yes
Date Hematology (Blood) Sample Obtained	
Lab Test	Absolute Neutrophil Count
Lab Test	Absolute Neutrophil Count (ANC), Blood
	Time (APTT)
	Alanine Aminotransferase (ALT or SGPT), Serum
	Albumin, Serum
	Alkaline Phosphatase, Serum
O Pata entir	Amylase, Serum
	Aspartate Aminotransferase
	(AST or SGOT), Serum
4. %	Beta-2 Microglobulin, Serum
	Bicarbonate, Serum
GUIP OF	Bilirubin, Direct, Serum
il sail	Bilirubin, Total, Serum
	Blasts, %, Blood
~O` *?	Blood Urea Nitrogen (BUN),
	Serum C Reactive Protein, Serum
	Calcium, Serum
	Cancing and marie Antique
	Carcinoembryonic Antigen (CEA), Serum
	Carcinogenic Antigen 19-9
	(CA19-9), Serum
	CD20, #, Blood
	CD2 Calls, #, Blood
	CD8 Cells, #, Blood
	Chloride, Serum
	Cholesterol, Serum

Creatine Kinase (CK), Serum	う
Creatinine Clearance, 24 hour,	ጘ
Urine	_
Creatinine, Serum	7
Erythrocyte Sedimentation Rate	う
(ESR), Blood	_
Ferritin, Serum	
Fibrinogen, Blood	_
Gamma Glutamyl Transferase	
(GGT), Serum Glucose, Fasting, Serum	\neg
	≺
Haptoglobin, Serum	ヿ
Hematocrit, %, Blood	≺
Glucose, Non-fasting, Serum Haptoglobin, Serum Hematocrit, %, Blood Hemoglobin, Blood High Density Lipoprotein, Cholesterol, Serum HIV Viral Load, Serum Immunoglobulin A (IgA), Serum Immunoglobulin G (IgG), Serum Immunoglobulin M (IgM), Serum International Normalized Ratio (INR), Prothrombin Time, Blood Iron, Serum Lactate Dehydrogenase (LDH), Serum Lipase, Serum Low Density Lipoproteins, Cholesterol, Serum Lymphocytes, #, Blood	ろ
High Density Lipoprotein,	ጘ
Cholesterol, Serum	<u>ー</u>
HIV Viral Load, Serum	\bigcup
Immunoglobulin A (IgA), Serum	$\overline{}$
Immunoglobulin G (IgG), Serum	う
Immunoglobulin M (IgM),	う
Serum International Normalized Ratio	_
(INR), Prothrombin Time, Blood	ر
Iron, Serum	\neg
Lactate Dehydrogenase (LDH),	≺
Serum	ノ
Lipase, Serum	\supset
Low Density Lipoproteins,	ጘ
Cholesterol, Serum	_
Lymphocytes, #, Blood	
Magnesium, Serum	$\overline{}$
Monocytes, #, Blood	う
Partial Prothromboplastin Time	う
(PTT), Blood	_
Phosphare (inorganic	_)
Phosphorus), Serum Platelets, Blood	\neg
Potassium, Serum	\dashv
Potassium, Serum	ر

Form: Marrow Assessment Hematology/Chemistry 1

	Prostate Specific Antigen (PSA), Serum
	Prothrombin Time (PT), Blood
	Reticulocytes, %, Red Blood
	Cells
	Sodium, Serum
	Thyrotropin (Thyroid Stimulating Hormone or TSH),
	Serum
	Thyroxine (T4), Serum
	Total Iron Binding Capacity,
	Serum Total Protein, Serum
	Transferrin, Serum
	Triglycerides, Serum
	White Blood Cells (WBC), #,
	Blood
	Eosinophils, #, blood
	Creatinine Clearance (CrCl),
	Cockcroft-Gault, Serum Vitamin B12, Serum
	Total Protein, Serum Transferrin, Serum Triglycerides, Serum White Blood Cells (WBC), #, Blood Eosinophils, #, blood Creatinine Clearance (CrCl), Cockcroft-Gault, Serum Vitamin B12, Serum Folate, Serum Copper, Serum Iron Saturation, Ratio, Serum Paroxysmal Nocturnal Hemoglobinuria Flow Direct Antiglobulin Test (Coombs), Red Blood Cells Total Protein Electrophoresis, Serum Rheumatoid Factor, Serum Folate, Red Blood Cell
	Copper, Serum
	Iron Saturation, Ratio, Serum
	Paroxysmal Nocturnal
	Hemoglobinuria Flow Direct Antiglobulin Test
	(Coombs), Red Blood Cells
	Total Protein Electrophoresis,
	Rheumatoid Factor, Serum
	Folate, Red Blood Cell
	Antinuclear Antibody (ANA),
	Serum
	Basophils, #, Blood
	Reticulocytes, #, Blood
Test not done	
Lab Value	
Lab Unit	/μL

O pata entity via Medida	mg/dL
	0/L



Form: Marrow Assessment Hematology/Chemistry 1

	ng/mL
	$^{\mathrm{U}}\bigcap$
	/µL
	/μL
	$\tilde{\cap}$
	\sim
Value Abnormal?	No O
	Yes
Day Hamadala (Dia 1) Camala Olasia d	
Date Hematology (Blood) Sample Obtained	
Lab Test	Absolute Neutrophil Count
	(ANC), Blood Activated Partial Thromboplastin
	Time (APTT)
	Alanine Aminotransferase (ALT
	or SGPT), Serum
8	Albumin, Serum
, X/ ×C	Alkaline Phosphatase, Serum
JI: IL	Amylase, Serum
	Aspartate Aminotransferase
10, 1	(AST or SGOT), Serum
60 N	Beta-2 Microglobulin, Serum
	Bicarbonate, Serum
Lab Test Althority Operation of the property	Bilirubin, Direct, Serum
0 × 0	Bilirubin, Total, Serum
	Blasts, %, Blood
	Blood Urea Nitrogen (BUN),
	Serum Serum
	C Reactive Protein, Serum
	Calcium, Serum
	Carcinoembryonic Antigen (CEA), Serum
	Carcinogenic Antigen 19-9
	(CA19-9), Serum
	CD20, #, Blood
	CD4 Cells, #, Blood
	CD8 Cells, #, Blood

Chlorida Comuna
Cholosteral Sorum
Cholesterol, Serum
Creatine Kinase (CK), Serum
Creatinine Clearance, 24 hour, Urine
Creatinine, Serum
Erythrocyte Sedimentation Rate (ESR), Blood
Ferritin, Serum
Fibrinogen, Blood
Gamma Glutamyl Transferase
(GGT), Serum Glucose, Fasting, Serum
Glucose, Non-fasting, Serum
Haptoglobin, Serum
Hematocrit, %, Blood
Hemoglobin, Blood
High Density Lipoprotein,
Cholesterol, Serum
HIV Viral Load, Serum Immunoglobulin A (IgA), Serum
Immunoglobulin G (IgG), Serum
Immunoglobulin M (IgM),
Serum
International Normalized Ratio (INR), Prothrombin Time, Blood
Iron, Serum
Gamma Glutamyl Transferase (GGT), Serum Glucose, Fasting, Serum Haptoglobin, Serum Hematocrit, %, Blood Hemoglobin, Blood High Density Lipoprotein, Cholesterol, Serum HIV Viral Load, Serum Immunoglobulin A (IgA), Serum Immunoglobulin G (IgG), Serum Immunoglobulin M (IgM), Serum International Normalized Ratio (INR), Prothrombin Time, Blood Iron, Serum Lactate Dehydrogenase (LDH), Serum Lipase, Serum Low Density Lipoproteins,
Serum Lipase, Serum
Low Density Lipoproteins,
Cholesterol, Serum
Lymphocytes, #, Blood
Magnesium, Serum
Monocytes, #, Blood
Partial Prothromboplastin Time
(PTT), Blood Phosphate (inorganic
Phosphorus), Serum
-

	Platelets, Blood
	Potassium, Serum
	Prostate Specific Antigen (PSA), Serum
	Prothrombin Time (PT), Blood
	Reticulocytes, %, Red Blood
	Sodium, Serum
	Thyrotropin (Thyroid
	Stimulating Hormone or TSH),
	Serum Thyroxine (T4), Serum
	Serum
	Total Protein, Serum
	Transferrin, Serum
	Triglycerides, Serum
	White Blood Cells (WBC), #,
	Total Iron Binding Capacity, Serum Total Protein, Serum Transferrin, Serum Triglycerides, Serum White Blood Cells (WBC), #, Blood Eosinophils, #, blood Creatinine Clearance (CrCl), Cockcroft-Gault, Serum Vitamin B12, Serum Folate, Serum Copper, Serum Copper, Serum Paroxysmal Nocturnal Hemoglobinuria Flow Direct Antiglobulin Test (Coombs), Red Blood Cells Total Protein Electrophoresis, Serum
	Creatinine Clearance (CrCl),
	Cockcroft-Gault, Serum
	Vitamin B12, Serum
	Folate, Serum
	Copper, Serum
	Iron Saturation, Ratio, Serum
	Paroxysmal Nocturnal Hemoglobinuria Flow
	Direct Antiglobulin Test
	(Coombs), Red Blood Cells
	Total Protein Electrophoresis, Serum
	Rheumatoid Factor, Serum
	Folate, Red Blood Cell
	Antinuclear Antibody (ANA), Serum
	Basophils, #, Blood
	Reticulocytes, #, Blood
Test not done	

Form: Marrow Assessment Hematology/Chemistry 1

Lab Value		
Lab Unit		/µL
		sec
		U/L
		g/dL
		U/L
		U/L 🗀
		U/L O
		ug/mL
		mEq/L
	21,	mg/dL
	C, 16	mg/dL
	5 6 60	$\%\overline{\bigcirc}$
		mg/dL
		mg/dL
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		count/uL
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	X'S XIN	mEq/L
		mg/dL
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		mg/dL
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		mg/dL
		mg/dL
		mg/dL
		%

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	copies/mL mg/dL
	mg/dL mg/dL
	mg/dL mg/dL
	U/L
	U/L
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Donot submit via medidata Rave	sec
	% O
	mmol/L
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	ug/dl μg/dL
0 × 0	g/dl
O Str	mg/dl
	mg/dl
	/μL
	/µL
	/µL
	mL/min
	pg/mL O
	ng/mL
	μg/dL O
	%

Form: Marrow Assessment Hematology/Chemistry ${\bf 1}$

	g/dL
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	/μL
	/μL
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Value Abnormal?	No
value Monorman.	Yes
Date Hematology (Blood) Sample Obtained	
Lab Test	Absolute Neutrophil Count
	(ANC), Blood Activated Partial Thromboplastin
	Time (APTT)
\\ \text{\rightarrow}	Alanine Aminotransferase (ALT)
0,4 '4,0	or SGPT), Serum
Ji IL	Albumin, Serum
	Alkaline Phosphatase, Serum
16, 11,	Amylase, Serum
5	Aspartate Aminotransferase
	(AST or SGOT), Serum
Lab Test Donot submit to pata entity in	Beta-2 Microglobulin, Serum Bicarbonate, Serum
00 %0	Bilirubin, Direct, Serum
V.0.	Bilirubin, Total, Serum
•	Blasts, %, Blood
	Blood Urea Nitrogen (BUN),
	Serum
	C Reactive Protein, Serum
	Calcium, Serum
	Carcinoembryonic Antigen (CEA), Serum
	Carcinogenic Antigen 19-9
	(CA19-9), Serum CD20, #, Blood
	CD20, #, B100d

CD4 Cells, #, Blood
CD8 Cells, #, Blood
Chelestand Samue
Creating Vinese (CV), Sayum
Creatine Kinase (CK), Serum
Creatinine Clearance, 24 hour, Urine
Creatinine Serum
Erythrocyte Sedimentation Rate
(ESR), Blood
Ferritin, Serum
Fibrinogen, Blood
Gamma Glutamyl Transferase
Glucose, Fasting, Serum
Glucose, Non-fasting, Serum
Erythrocyte Sedimentation Rate (ESR), Blood Ferritin, Serum Fibrinogen, Blood Gamma Glutanyl Transferase (GGT), Serum Glucose, Fasting, Serum Haptoglobin, Serum Hematocrit, %, Blood Hemoglobin, Blood High Density Lipoprotein, Cholesterol, Serum HIV Viral Load, Serum Immunoglobulin A (IgA), Serum Immunoglobulin G (IgG), Serum Immunoglobulin M (IgM), Serum International Normalized Ratio (INR), Prothrombin Time, Blood Iron, Serum Lactate Debydrogenase (LDH).
Hematocrit, %, Blood
Hemoglobin, Blood
High Density Lipoprotein,
Cholesterol, Serum
HIV VITAL LOAD, SETUM
Immunoglobulin A (IgA), Serum
Immunoglobulin G (IgG), Serum
Immunoglobulin M (IgM), Serum
International Normalized Ratio
(INR), Prothrombin Time, Blood
Iron, Serum
Lactate Dehydrogenase (LDH), Serum
Lipase, Serum
Low Density Lipoproteins,
Cholesterol, Serum
Lymphocytes, #, Blood
Magnesium, Serum
Monocytes, #, Blood
Partial Prothromboplastin Time (PTT), Blood
(F11), Blood

Phosphate (inorganic	Ī
Phosphorus), Serum)
Platelets, Blood)
Potassium, Serum)
Prostate Specific Antigen (PSA),	Ź
Serum	_
Prothrombin Time (PT), Blood)
Reticulocytes, %, Red Blood Cells)
Sodium, Serum)
Thyrotropin (Thyroid Stimulating Hormone or TSH),	\int
Serum	
Thyroxine (T4), Serum	`
Total Iron Binding Capacity,	₹
Serum	J
Total Protein, Serum)
Transferrin, Serum	Ź
Triglycerides, Serum	Ź
Serum Thyroxine (T4), Serum Total fron Binding Capacity, Serum Total Protein, Serum Transferrin, Serum Triglycerides, Serum White Blood Cells (WBC), #, Blood Eosinophils, #, blood Creatinine Clearance (CrCl), Cockcroft-Gault, Serum Vitamin B12, Serum Vitamin B12, Serum Folate, Serum Copper, Serum Iron Saturation, Ratio, Serum Paroxysmal Nocturnal Hemoglobinuria Flow Direct Antiglobulin Test (Coombs), Ped Blood Cells (Coombs), Ped Blood Cells	Ś
Blood — Eosinophils, #, blood	`
Creatinine Clearance (CrCl),	₹
Cockcroft-Gault, Serum	J
Vitamin B12, Serum	٦
Folate, Serum	Ź
Copper, Serum	ر ۱
Iron Saturation, Ratio, Serum	Ś
Paroxysmal Nocturnal	Ś
Hemoglobinuria Flow	
Direct Antiglobulin Test)
(Coombs), Red Blood Cells Total Protein Electrophoresis,	`
Serum Serum	J
Rheumatoid Factor, Serum)
Folate, Red Blood Cell	Ź
Antinuclear Antibody (ANA),	\int
Serum — Basophils, #, Blood	
Reticulocytes, #, Blood)

Form: Marrow Assessment Hematology/Chemistry 1

Test not done		
Lab Value		
Lab Unit		/µL
		sec
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		g/dL (
		U/L O
		U/L $lacksquare$
		U/L O
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101, 71.0	<u></u> %
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	pg/mL O
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	μg/dL

Form: Marrow Assessment Hematology/Chemistry 1

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	g/dL
	U/mL
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	/μL
	/μL
	\Box
	$\tilde{\Box}$
Value Abnormal?	No No
	Yes
Date Hematology (Blood) Sample Obtained	5 6 7 0
Lab Test	Absolute Neutrophil Count
Lab Test	(ANC), Blood
	Activated Partial Thromboplastin
Lab Test Opening the state of	Time (APTT) Alanine Aminotransferase (ALT)
- K. K.	or SGPT), Serum
L'All	Albumin, Serum
10, 7	Alkaline Phosphatase, Serum
50,14	Amylase, Serum
	Aspartate Aminotransferase
(0 0)	(AST or SGOT), Serum
	Beta-2 Microglobulin, Serum
	Bicarbonate, Serum
	Bilirubin, Direct, Serum
	Bilirubin, Total, Serum
	Blasts, 70, Blood
	Blood Urea Nitrogen (BUN), Serum
	C Reactive Protein, Serum
	Calcium, Serum
	Carcinoembryonic Antigen
	(CEA), Serum
	Carcinogenic Antigen 19-9
	(CA19-9), Serum

CD20, #, Blood
CD4 Cells, #, Blood
CD8 Cells, #, Blood
Chloride, Serum
Cholesterol, Serum
Creatine Kinase (CK), Serum
Creatinine Clearance, 24 hour,
Urine Creatinine, Serum
Erythrocyte Sedimentation Rate
(ESR), Blood
Ferritin, Serum
Fibrinogen, Blood
Gamma Glutamyl Transferase (GGT), Serum
Glucose, Fasting, Serum
Glucose, Non-fasting, Serum
Haptoglobin, Serum
Hematocrit, %, Blood
Hemoglobin, Blood
High Density Lipoprotein,
Cholesterol, Serum HIV Viral Load, Serum
Immunoglobulin A (IgA), Serum
Immunoglobulin G (IgG), Serum
Ferritin, Serum Fibrinogen, Blood Gamma Glutamyl Transferase (GGT), Serum Glucose, Fasting, Serum Haptoglobin, Serum Hematocrit, %, Blood Hemoglobin, Blood High Density Lipoprotein, Cholesterol, Serum HIV Viral Load, Serum Immunoglobulin A (IgA), Serum Immunoglobulin G (IgG), Serum Immunoglobulin M (IgM), Serum International Normalized Ratio (INR), Prothrombin Time, Blood Iron, Serum
International Normalized Ratio
(INR), Prothrombin Time, Blood Iron, Serum
Lactate Dehydrogenase (LDH),
Serum
Lipase, Serum
Low Density Lipoproteins,
Cholesterol, Serum Lymphocytes, #, Blood
Magnesium, Serum
Monocytes, #, Blood

	=
Partial Prothromboplastin Time)
(PTT), Blood Phosphate (inorganic	_
Phosphorus), Serum	ر
Platelets, Blood	7
Potassium, Serum	7
Prostate Specific Antigen (PSA),	く
Serum	ע
Prothrombin Time (PT), Blood)
Reticulocytes, %, Red Blood)
Cells Sodium, Serum	~ ~
Thurstonia (Thursid	رِ
Thyrotropin (Thyroid Stimulating Hormone or TSH),	ر
Serum	
Thyroxine (T4), Serum	7
Total Iron Binding Capacity,	イ
Serum	ノ 〜
Total Protein, Serum	_)
Transferrin, Serum)
Triglycerides, Serum)
White Blood Cells (WBC), #,	Ć
Blood Eosinophils, #, blood	- ٦
Creatinine Clearance (CrCl),	₹
Cockcroft-Gault, Serum	J
Vitamin B12, Serum	7
Folate, Serum	く
Copper, Serum	く
Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum Thyroxine (T4), Serum Total Iron Binding Capacity, Serum Total Protein, Serum Transferrin, Serum Triglycerides, Serum White Blood Cells (WBC), #, Blood Eosinophils, #, blood Creatinine Clearance (CrCl), Cockcroft-Gault, Serum Vitamin B12, Serum Vitamin B12, Serum Copper, Serum Iron Saturation, Ratio, Serum Paroxysmal Nocturnal Hemoslobimuria Flow	う
Paroxysmal Nocturnal	う
	<u>ノ</u>
Direct Antiglobulin Test)
(Coombs), Red Blood Cells Total Protein Electrophoresis,	_
Serum	J
Rheumatoid Factor, Serum	7
Folate, Red Blood Cell	\preceq
Antinuclear Antibody (ANA),	く
Serum	ر

Form: Marrow Assessment Hematology/Chemistry 1

	Basophils, #	ŧ, Blood ◯
	Reticulocytes, #	ŧ, Blood
Test not done		
Lab Value		
Lab Unit		/µL
		sec
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		g/dL O
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		U/L O
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	mL/min
	pg/mL

Form: Marrow Assessment Hematology/Chemistry 1

Value Abnormal? Value Abnormal? No Yes Date Hematology (Blood) Sample Obtained Lab Test Absolute Neutrophil Count (ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Alkaline Phosphatase, Serum Amylase, Serum Amylase, Serum Beta-2 Microglobulin, Serum Bilirubin, Direct, Serum Carcinoembryonic Antigen Carcinoembryonic Antigen		
Value Abnormal? Value Abnormal? No yes Date Hematology (Blood) Sample Obtained Lab Test Absolute Neutrophil Count (ANC), Blood Activated Partial Thromboplastin Time (APIT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Alkaline Phosphatase, Serum Amylase, Serum Amylase, Serum Beta-2 Microglobulin, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Bilirubin, Total, Serum Bilirubin, Total, Serum Cacioum, Serum Cacioum, Serum Cacioum, Serum Carcinoembryonic Antigen		ng/mL
Value Abnormal? Value Abnormal? No Yes Date Hematology (Blood) Sample Obtained Lab Test Absolute Neutrophil Count (ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Alkaline Phosphatase, Serum Amylase, Serum Amylase, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Calcium, Serum Calcium, Serum Carcinoembryonic Antigen		μg/dL
Value Abnormal? Value Abnormal? No Yes Date Hematology (Blood) Sample Obtained Lab Test Absolute Neutrophil Count (ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT) or SGPT), Serum Albumin, Serum Albumin, Serum Albumin, Serum Beta-2 Microglobulin, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Calcium, Serum Calcium, Serum Calcium, Serum Calcium, Serum Calcium, Serum Carcinoembryonic Antigen		%
Value Abnormal? Value Abnormal? No Yes Date Hematology (Blood) Sample Obtained Lab Test Absolute Neutrophil Count (ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT) or SGPT), Serum Albumin, Serum Albumin, Serum Albumin, Serum Beta-2 Microglobulin, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Calcium, Serum Calcium, Serum Calcium, Serum Carcinoembryonic Antigen		g/dL C
Value Abnormal? Value Abnormal? No Yes Date Hematology (Blood) Sample Obtained Lab Test Absolute Neutrophil Count (ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT) or SGPT), Serum Albumin, Serum Albumin, Serum Albumin, Serum (AST or SGOT), Serum Beta-2 Microglobulin, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Calcium, Serum Calcium, Serum Calcium, Serum Calcium, Serum Calcium, Serum Carcinoembryonic Antigen		
Value Abnormal? No Yes Date Hematology (Blood) Sample Obtained Lab Test Absolute Neutrophil Count (ANC), Blood Activated Partial Thromboplastin Time (APIT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Alkaline Phosphatase, Serum Amylase, Serum Aspartate Aminotransferase (AST or SGOT), Serum Beta-2 Microglobulin, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Bilirubin, Total, Serum Bilirubin, Total, Serum Calcium, Serum Calcium, Serum Calcium, Serum Carcinoembryonic Antigen		
Value Abnormal? No Yes Date Hematology (Blood) Sample Obtained Lab Test Absolute Neutrophil Count (ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Alkaline Phosphatase, Serum Aspartate Aminotransferase (AST or SGOT), Serum Beta-2 Microglobulin, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Bilirubin, Total, Serum Bilsts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Calcium, Serum Calcium, Serum Carcinoembryonic Antigen		
Value Abnormal? No Yes Date Hematology (Blood) Sample Obtained Lab Test Absolute Neutrophil Count (ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Alkaline Phosphatase, Serum Amylase, Serum Amylase, Serum Beta-2 Microglobulin, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Bilirubin, Total, Serum Bilirubin, Total, Serum Carcinoembryonic Antigen Carcinoembryonic Antigen Carcinoembryonic Antigen		
Value Abnormal? Date Hematology (Blood) Sample Obtained Lab Test Absolute Neutrophil Count (ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Albumin, Serum Amylase, Serum Amylase, Serum Beta-2 Microglobulin, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum Calcium, Serum Calcium, Serum Calcium, Serum Calcium, Serum Carcinoembryonic Antigen		
Date Hematology (Blood) Sample Obtained Lab Test Absolute Neutrophil Count (ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Albumin, Serum Amylase, Serum Aspartate Aminotransferase (AST or SGOT), Serum Beta-2 Microglobulin, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen		/μL
Date Hematology (Blood) Sample Obtained Lab Test Absolute Neutrophil Count (ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Albumin, Serum Amylase, Serum Aspartate Aminotransferase (AST or SGOT), Serum Beta-2 Microglobulin, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen		
Date Hematology (Blood) Sample Obtained Lab Test Absolute Neutrophil Count (ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Albumin, Serum Amylase, Serum Aspartate Aminotransferase (AST or SGOT), Serum Beta-2 Microglobulin, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen		
Date Hematology (Blood) Sample Obtained Lab Test Absolute Neutrophil Count (ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Albumin, Serum Amylase, Serum Aspartate Aminotransferase (AST or SGOT), Serum Beta-2 Microglobulin, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen		
Date Hematology (Blood) Sample Obtained Absolute Neutrophil Count (ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Alkaline Phosphatase, Serum Amylase, Serum Aspartate Aminotransferase (AST or SGOT), Serum Beta-2 Microglobulin, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen	Value Abnormal?	S C O No
Date Hematology (Blood) Sample Obtained Absolute Neutrophil Count (ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Alkaline Phosphatase, Serum Amylase, Serum Aspartate Aminotransferase (AST or SGOT), Serum Beta-2 Microglobulin, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen		Yes
Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen	Data Hamatala and (Bland) Samuela Obtained	
Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen	Date Hematology (Blood) Sample Obtained	<u> </u>
Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen	Lab Test	Absolute Neutrophil Count
Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen		Activated Partial Thrombonlastin
Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen	H' ill	Time (APTT)
Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen		Alanine Aminotransferase (ALT
Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen		or SGPT), Serum
Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen	K 5 *K	Albumin, Serum
Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen	00, 00,	Alkaline Phosphatase, Serum
Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen		Amylase, Serum
Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen		Aspartate Aminotransferase
Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen	V.0.	(AST or SGOT), Serum
Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen		Beta-2 Microgrobulii, Seruii
Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen		Bicarbonate, Serum
Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen		\cup
Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen		\cup
Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen		Blasts, %, Blood
C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen		- 1
Calcium, Serum Carcinoembryonic Antigen		
Carcinoembryonic Antigen		\cup
·		
		Carcinoembryonic Antigen (CEA), Serum

Carcinogenic Antigen 19-9
(CA19-9), Serum
CD20, #, Blood
CD4 Cells, #, Blood
CD8 Cells, #, Blood
Chloride, Serum
Cholesterol, Serum
Creatine Kinase (CK), Serum
Creatinine Clearance, 24 hour,
Urine Creatinine, Serum
(ESR), Blood
Ferritin, Serum
Fibrinogen, Blood
Gamma Glutamyl Transferase
(GGT), Serum
Glucose, Fasting, Serum
Glucose, Non-fasting, Serum
Haptoglobin, Serum
Hematocrit, %, Blood
Hemoglobin, Blood
High Density Lipoprotein,
Cholesterol, Serum
HIV Viral Load, Serum
Immunoglobulin A (IgA), Serum
Immunoglobulin G (IgG), Serum
Erythrocyte Sedimentation Rate (ESR), Blood Ferritin, Serum Fibrinogen, Blood Gamma Glutamyl Transferase (GGT), Serum Glucose, Fasting, Serum Haptoglobin, Serum Hematocrit, %, Blood Hemoglobin, Blood High Density Lipoprotein, Cholesterol, Serum HIV Viral Load, Serum Immunoglobulin A (IgA), Serum Immunoglobulin G (IgG), Serum Immunoglobulin M (IgM), Serum International Normalized Ratio
International Normalized Ratio
(INR), Prothrombin Time, Blood
Iron, Serum
Lactate Dehydrogenase (LDH), Serum
Lipase, Serum
Low Density Lipoproteins,
Cholesterol, Serum
Lymphocytes, #, Blood
Magnesium, Serum

Monocytes, #, Blood
Partial Prothromboplastin Time
(PTT), Blood
Phosphate (inorganic
Phosphorus), Serum Platelets, Blood
Potassium, Serum
Prostate Specific Antigen (PSA), Serum
Prothrombin Time (PT), Blood
Reticulocytes, %, Red Blood
Cells
Sodium, Serum
Thyrotropin (Thyroid
Stimulating Hormone or TSH),
Serum
Thyroxine (T4), Serum
Sodium, Serum Thyfotropin (Thyroid Stimulating Hormone or TSH), Serum Thyroxine (T4), Serum Thyroxine (T4), Serum Total Iron Binding Capacity, Serum Transferrin, Serum Triglycerides, Serum White Blood Cells (WBC), #, Blood Eosinophils, #, blood Creatinine Clearance (CrCl), Cockcroft-Gault, Serum Vitamin B12, Serum Folate, Serum Copper, Serum Iron Saturation, Ratio, Serum
Serum Total Protein, Serum
Transferrin, Serum
Triglycerides, Serum
White Blood Cells (WBC), #,
Blood
Eosinophils, #, blood
Creatinine Clearance (CrCl),
Cockcroft-Gault, Serum
Vitamin B12, Serum
Folate, Serum
Copper, Serum
Iron Saturation, Ratio, Serum
Paroxysmal Nocturnal
Hemoglobinuria Flow
Direct Antiglobulin Test (Coombs), Red Blood Cells
Total Protein Electrophoresis,
Serum
Rheumatoid Factor, Serum
Folate, Red Blood Cell

Form: Marrow Assessment Hematology/Chemistry 1

	Antinuclear Antibody (ANA),
	Serum Serum
	Basophils, #, Blood
	Reticulocytes, #, Blood
Test not done	
Lab Value	
Lab Unit	$/\mu L$
	sec
	U/L O
	g/dL
	U/L
	S C U/L O
	ug/mL O
	mEq/L
	mg/dL o
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	[%] O
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	mIU/L
	ug/dl μg/dL
	g/dl
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	mg/dl
	/μL
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Form: Marrow Assessment Hematology/Chemistry 1

	mL/min
	pg/mL
	ng/mL
	μg/dL
	%
	g/dL
	U/mL
	ng/mL
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	/μL
	/μL
	PALO (µLO)
Value Abnormal?	No
	Yes
Date Hematology (Blood) Sample Obtained	
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* 2 */J	
200 3/10	
Date Hematology (Blood) Sample Obtained	

Form: Adverse Event Form

Generated On: 07 Apr 2023 19:36:54

FORM	OI	D

Form instructions:

Report only severe adverse events (CTCAE Grade 3-5) that are related to the biologic sampling procedures for the study.

During this reporting period, did the patient have any severe adverse events (CTCAE Grade 3-5) that were related to the biologic sampling procedures for this study?	No Yes
Adverse Event Text Name (CTCAE v4.0)	
MedDRA Adverse Event Code (v12.0)	
Adverse Event Grade	
Adverse Event Grade Description	
MedDRA Adverse Event Code (v12.0) Adverse Event Grade Adverse Event Grade Description	3

Page	: Pre-Treatment Hematology/Chemistry				.01		
#	Lab Test		Lab Value		Lab Unit	Value Abnormal?	Date Hematology (Blood) Sample Obtained
1	Hemoglobin, Blood				g/dL	○ No ○ Yes	🗸
2	Platelets, Blood		5	.\	Φ	○ No ○ Yes	🗸
3	White Blood Cells (WBC), #, Blood				/fil	○ No ○ Yes	🗸
4	Absolute Neutrophil Count (ANC), Blood			. 0	/μĽ	○ No ○ Yes	🗸
5	Monocytes, #, Blood			X.O	/μL	○ No ○ Yes	🗸
6	Lymphocytes, #, Blood			7	/μL	○ No ○ Yes	🗸
7	Eosinophils, #, blood				/μL	○ No ○ Yes	🗸
8	Basophils, #, Blood				/μL	○ No ○ Yes	🗸
9	Reticulocytes, #, Blood		V		/μL	○ No ○ Yes	🗸
10	Blasts, %, Blood		100		%	○ No ○ Yes	🗸
		20 Pot sul	UKIN JIO.				

Form: Therapy Yes/No

Generated On: 07 Apr 2023 19:36:54

FORM_OID	
Have new therapeutic regimen(s) started or stopped since the	Started
patient's last visit?	Stopped
	Both stopped and started
	Neither

Donot submit to Medidata Rave

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms Form: MDS Disease Modifying Therapy/Hematologic Therapy Generated On: 07 Apr 2023 19:36:54

FORM_OID	
Form instructions: Report disease-modifying therapy for MDS or hematologic therapy. Growth factors (including erythropoiesis-stimulating agents) and iron chelation should be reported on the Concomitant Medication Form.	
Is the patient on an active MDS therapeutic trial or a hematolog therapy which restricts ongoing reporting?	No Yes
Regimen start date	
Agent	Alemtuzumab
	All trans retinoic acid
	Anti-thymocyte globulin
	Arsenic trioxide
6	Azacitidine
	Cladribine
Micci	Clofarabine
Regimen start date Agent Agent Onote suitority via a label on the suitority of the suitor	Cyclosporine
*0,0	Cytarabine
This is a	Daunorubicin
	Decitabine
10, 110	Etoposide
, 50, 10	Fludarabine
oot and	Hydroxyurea
	Idarubicin
O atio	Lenalidomide
0.0	Mitoxantrone
•	Tacrolimus
	Thalidomide
	Topotecan
	Valproic acid
	Other, specify
Agent dose (initial)	
Agent unit (initial)	mg
	mg/m^2
	mg/kg
X 1 1400 1 1	

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms Form: MDS Disease Modifying Therapy/Hematologic Therapy Generated On: 07 Apr 2023 19:36:54

Cycle length (initial)	Fixed Unit: days
Dosing days/cycle	Fixed Unit: days
Agent dose (at 6 months)	
Agent unit (at 6 months)	mg
	mg/m^2
	mg/kg
Cycle length (at 6 months)	Fixed Unit: days
Dosing days/cycle	Fixed Unit: days
Agent dose (at 12 months)	C/1 0-0
Agent unit (at 12 months)	mg
'W.C.	mg/m^2
BILL	mg/kg
Cycle length (at 12 months)	Fixed Unit: days
Dosing days/cycle	Fixed Unit: days
Regimen end date	
Reason regimen ended	Death
	Progression
Reason regimen ended	Toxicity
	Bone Marrow Transplant
	Lack of response
	Completed planned course
	Other, specify
Total number of cycles delivered	

Form: Concomitant Medication Yes/No Generated On: 07 Apr 2023 19:36:54

FORM_OID	
In the 12 months prior to registration, has the patient taken any non-disease modifying concomitant medications?	No Yes
Have the patient's non-disease modifying concomitant medications changed since previous visit?	No Yes



Form: Hematologic Response

FORM_OID	
Did the patient have a hematologic respons	e to this treatment No
regimen?	Yes
Lab Test	Absolute Neutrophil Count
	(ANC), Blood
	Activated Partial Thromboplastin
	Time (APTT) Alanine Aminotransferase (ALT)
	or SGPT), Serum
	Albumin, Serum
	Alkaline Phosphatase, Serum
	Amylase, Serum
	Aspartate Aminotransferase
	(AST or SGOT), Serum
	Beta-2 Microglobulin, Serum
	Bicarbonate, Serum
	Bilirubin, Direct, Serum
	Bilirubin, Total, Serum
	Blasts, %, Blood
41	Amylase, Serum Aspartate Aminotransferase (AST or SGOT), Serum Beta-2 Microglobulin, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum Carcinoembryonic Antigen (CEA), Serum Carcinogenic Antigen 19-9 (CA19-9), Serum CD20, #, Blood CD4 Cells, #, Blood CD8 Cells, #, Blood
•	Serum C Reactive Protein, Serum
	Calcium, Serum
X	Carcinoembryonic Antigen
200	(CEA), Serum
	Carcinogenic Antigen 19-9
	(CA19-9), Serum
V 0.0	CD20, #, Blood
~	CD4 Cells, #, Blood
	CD8 Cells, #, Blood
	Chloride, Serum
	Cholesterol, Serum
	Creatine Kinase (CK), Serum
	Creatinine Clearance, 24 hour, Urine
	Creatinine, Serum
	Erythrocyte Sedimentation Rate (ESR), Blood

Form: Hematologic Response

Ferritin, Serum
Fibrinogen, Blood
Gamma Glutamyl Transferase (GGT), Serum
Glucose, Fasting, Serum
Glucose, Non-fasting, Serum
Haptoglobin, Serum
Hematocrit, %, Blood
Hemoglobin, Blood
High Density Lipoprotein,
Cholesterol, Serum HIV Viral Load, Serum
Immunoglobulin A (IgA), Serum
Immunoglobalin G (IgG), Serum
Immunoglobulin M (IgM),
Serum — International Normalized Ratio
(INR), Prothrombin Time, Blood
Iron, Serum
Lactate Dehydrogenase (LDH),
Serum Lipase, Serum
Low Density Lipoproteins,
Cholesterol, Serum
Lymphocytes, #, Blood
Magnesium, Serum
Monocytes, #, Blood
Immunoglobulin G (IgG), Serum Immunoglobulin M (IgM), Serum International Normalized Ratio (INR), Prothrombin Time, Blood Iron, Serum Lactate Dehydrogenase (LDH), Serum Lipase, Serum Low Density Lipoproteins, Cholesterol, Serum Lymphocytes, #, Blood Magnesium, Serum Monocytes, #, Blood Partial Prothromboplastin Time (PTT), Blood Phosphate (inorganic Phosphorus), Serum
Phosphate (inorganic
Phosphorus), Serum
Platelets, Blood
Potassium, Serum
Prostate Specific Antigen (PSA), Serum
Prothrombin Time (PT), Blood
Reticulocytes, %, Red Blood
Cells — Sodium, Serum
5044441, 5014411

Form: Hematologic Response

	m
	Thyrotropin (Thyroid
	Stimulating Hormone or TSH),
	Serum
	Thyroxine (T4), Serum
	Total Iron Binding Capacity, Serum
	Total Protein, Serum
	Transferrin, Serum
	Triglycerides, Serum
	White Blood Cells (WBC), #,
	Blood
	Eosinophils, #, blood
	Creatmine Clearance (CrCl), Cockcroft-Gault, Serum Vitamin B12, Serum Folate, Serum Copper, Serum Iron Saturation, Ratio, Serum Hemoglobinuria Flow Direct Antiglobulin Test (Coombs), Red Blood Cells Total Protein Electrophoresis, Serum Rheumatoid Factor, Serum Folate, Red Blood Cell Antinuclear Antibody (ANA), Serum Basophils, #, Blood Reticulocytes, #, Blood
	Vitamin B12, Serum
	Folate, Serum
	Copper, Serum
	Iron Saturation, Ratio, Serum
	Paroxysmal Nocturnal Hemoglobinuria Flow
	Dinast Antialahulin Tast
	Direct Antiglobulin Test
	(Coombs), Red Blood Cells
	Total Protein Electrophoresis, Serum
	Rheumatoid Factor, Serum
	Folate, Red Blood Cell
	Antinuclear Antibody (ANA), Serum
	Basophils, #, Blood
	Reticulocytes, #, Blood
Test not done	
Lab Value	
Lab Unit	
Lao Omi	/µL
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	U/L
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70, 70	count/uL
SCA	count/uL
	count/uL
	mEq/L
Bl. Krijde	mg/dL
XX XO . 60.	U/L
Opata entry via medidata Rave	mL/min
	mg/dL
	mm/hr
* 2° *!A	ng/mL
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	μg/dL

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Form: Hematologic Response Generated On: 07 Apr 2023 19:36:54 Value Abnormal? Date Hematology (Blood) Sample Obtained Lab Test Absolute Neutrophil Count Aspartate Aminotransferase

Aspartate Aminotransferase

(AST or SGOT), Serum

Aspartate Aminotransferase

(AST or SGOT), Serum

Beta-2 Microglobulin, Serum

Bilirubin, Direct, Ser

Bilirubin, Tr (ANC), Blood CD20, #, Blood CD4 Cells, #, Blood CD8 Cells, #, Blood Chloride, Serum Cholesterol, Serum Creatine Kinase (CK), Serum Creatinine Clearance, 24 hour,

Urine

Creatinine, Serum

Form: Hematologic Response

Employeest Collinguate Collinguate in Date Co
Erythrocyte Sedimentation Rate (ESR), Blood
Ferritin, Serum
Fibrinogen, Blood
Gamma Glutamyl Transferase
(GGT), Serum
Glucose, Fasting, Serum
Glucose, Non-fasting, Serum
Haptoglobin, Serum (
Hematocrit, %, Blood
Hemoglobin, Blood
High Density Lipoprotein,
Cholesterol, Serum
HIV Viral Load, Serum
Îmmunoglobulin A (IgA), Serum
Immunoglobulin G (IgG), Serum
Immunoglobulin M (IgM), Serum
International Normalized Ratio
(INR), Prothrombin Time, Blood
Iron, Serum
Lactate Dehydrogenase (LDH),
Serum
Lipase, Serum
Low Density Lipoproteins,
Cholesterol, Serum Lymphocytes, #, Blood
Magnesium, Serum
Monocytes, #, Blood
Cholesterol, Serum HIV Viral Load, Serum Immunoglobulin A (IgA), Serum Immunoglobulin G (IgG), Serum Immunoglobulin M (IgM), Serum International Normalized Ratio (INR), Prothrombin Time, Blood Iron, Serum Lactate Dehydrogenase (LDH), Serum Lipase, Serum Lipase, Serum Low Density Lipoproteins, Cholesterol, Serum Lymphocytes, #, Blood Magnesium, Serum Monocytes, #, Blood Partial Prothromboplastin Time (PTT), Blood
Phosphate (inorganic)
Phosphorus), Serum
Platelets, Blood
Potassium, Serum
Prostate Specific Antigen (PSA), Serum
Prothrombin Time (PT), Blood
Reticulocytes, %, Red Blood
Cells

Form: Hematologic Response

	•
	Sodium, Serum
	Thyrotropin (Thyroid
	Stimulating Hormone or TSH),
	Serum Thyroving (T4) Sorry
	Thyroxine (T4), Serum
	Total Iron Binding Capacity, Serum
	Total Protein, Serum
	Transferrin, Serum
	Triglycerides, Serum
	White Blood Cells (WBC), #, Blood
	Eosinophils, #, blood
	Creatinine Clearance (CrCl),
	Cockcroft-Gault, Serum Vitamin B12, Serum
	Vitaliili B12, Scruii
	Folate, Serum Copper, Serum
	Iron Saturation, Ratio, Serum
	Paroxysmal Nocturnal
	Hemoglobinuria Flow
	Direct Antiglobulin Test
	(Coombs), Red Blood Cells
	Total Protein Electrophoresis, Serum
	Rheumatoid Factor, Serum
	Folate, Red Blood Cell
	Eosinophils, #, blood Creatinine Clearance (CrCl), Cockcroft-Gault, Serum Vitamin B12, Serum Folate, Serum Copper, Serum Iron Saturation, Ratio, Serum Paroxysmal Nocturnal Hemoglobinuria Flow Direct Antiglobulin Test (Coombs), Red Blood Cells Total Protein Electrophoresis, Serum Rheumatoid Factor, Serum Folate, Red Blood Cell Antinuclear Antibody (ANA), Serum Basophils, #, Blood Reticulocytes, #, Blood
	Basophils, #, Blood
	Reticulocytes, #, Blood
Test not done	
Lab Value	
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Lab Clift	
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	g/dL
	U/L O

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Form: Hematologic Response Generated On: 07 Apr 2023 19:36:54 Value Abnormal? Date Hematology (Blood) Sample Obtained Lab Test Absolute Neutrophil Count (ANC), Blood **Activated Partial Thromboplastin** Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Alkaline Phosphatase, Serum Amylase, Serum Aspartate Aminotransferase (AST or SGOT), Serum Beta-2 Microglobulin, Serum Bicarbonate, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN) C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen (CEA), Serum Carcinogenic Antigen 19-9

Urine

(CA19-9), Serum CD20, #, Blood CD4 Cells, #, Blood CD8 Cells, #, Blood Chloride, Serum Cholesterol, Serum

Creatine Kinase (CK), Serum Creatinine Clearance, 24 hour,

Form: Hematologic Response

C
Creatinine, Serum
Erythrocyte Sedimentation Rate
(ESR), Blood
Ferritin, Serum
Fibrinogen, Blood
Gamma Glutamyl Transferase
(GGT), Serum Glucose, Fasting, Serum
Glucose, Non-fasting, Serum
Haptoglobin, Serum
Hematocrit, %, Blood
Hemoglobin, Blood
Cholesterol, Serum
HIV Viral Load, Serum
Immunoglobulin A (IgA), Serum
Immunoglobulin G (IgG), Serum
Immunoglobulin M (IgM),
Serum
International Normalized Ratio
(INR), Prothrombin Time, Blood Iron, Serum
Leaster Debudes areas (LDI)
Lactate Dehydrogenase (LDH), Serum
Lipase, Serum
Low Density Lipoproteins,
Cholesterol, Serum
Lymphocytes, #, Blood
High Density Lipoprotein, Cholesterol, Serum HIV Viral Load, Serum Immunoglobulin A (IgA), Serum Immunoglobulin G (IgG), Serum Immunoglobulin M (IgM), Serum International Normalized Ratio (INR), Prothrombin Time, Blood Iron, Serum Lactate Dehydrogenase (LDH), Serum Lipase, Serum Low Density Lipoproteins, Cholesterol, Serum Lymphocytes, #, Blood Magnesium, Serum Monocytes, #, Blood Partial Prothromboplastin Time
Monocytes, #, Blood
1
(PTT), Blood Phosphate (inorganic
Phosphorus), Serum
Platelets, Blood
Potassium, Serum
Prostate Specific Antigen (PSA),
Serum Prothrombin Time (PT) Plead
Prothrombin Time (PT), Blood

Form: Hematologic Response

	Reticulocytes, %, Red Blood
	Cells
	Sodium, Serum
	Thyrotropin (Thyroid
	Stimulating Hormone or TSH), Serum
	Thyroxine (T4), Serum
	Total Iron Binding Capacity, Serum
	Total Protein, Serum
	Transferrin, Serum
	Triglycerides, Serum
O Pata entry in	White Blood Cells (WBC), #, Blood
	Eosinophils, #, blood
	Creatinine Clearance (CrCl),
	Cockcroft-Gault, Serum Vitamin B12, Serum
Ch'ris	Folate, Serum
Ox V/x O	Copper, Serum
Jr. it	Iron Saturation, Ratio, Serum
	Paroxysmal Nocturnal
	Hemoglobinuria Flow Direct Antiglobulin Test
* 2 */J	(Coombs), Red Blood Cells
20, 31,	Total Protein Electrophoresis,
	Serum C Rheumatoid Factor, Serum
Ocalia	Folate, Red Blood Cell
	Antinuclear Antibody (ANA),
	Serum
	Reticulocytes, #, Blood
Test not done	
Lab Value	
Lab Unit	/µL
	sec
	U/L
	g/dL
Version 14.00 pushed to	405 of 492

Donot submit to Medidata Rave	U/L U/L U/L U/L U/L U/L U/L U/L
BioCodio	count/uL mEq/L
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	mg/dL
	mg/dL

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mL/min pg/mL

Form: Hematologic Response	
Generated On: 07 Apr 2023 19:36:54	/ul C
	/μL
	<u> </u>
Value Abnormal?	No
Value Monorman.	Yes
Date Hematology (Blood) Sample Obtained	···_
	Abaaluta Nautaanlii Caurt
Lab Test	Absolute Neutrophil Count (ANC), Blood
	Activated Partial Thromboplastin
	Time (ADTT)
	Alanine Aminotransferase (ALT
	or SGPT), Serum Albumin, Serum
	Alkaline Phosphatase, Serum
	Alamine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Alkaline Phosphatase, Serum Amylase, Serum Aspartate Aminotransferase (AST or SGOT), Serum Beta-2 Microglobulin, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN), Serum C Reactive Protein, Serum Calcium, Serum Carcinoembryonic Antigen (CEA), Serum
	Aspartate Aminotransferase
	(AST or SGOT), Serum
	Beta-2 Microglobulin, Serum
4.	Bicarbonate, Serum
	Bilirubin, Direct, Serum
	Bilirubin, Total, Serum
X 3	Blasts, %, Blood
200	Blood Urea Nitrogen (BUN),
~O` *?	Serum C. Panativa Protain Sarum C.
	C Reactive Protein, Serum
	Carcin and marrie Assistan
	Carcinoembryonic Antigen (CEA), Serum
	Carcinogenic Antigen 19-9
	(CA19-9), Serum
	CD20, #, Blood
	CD4 Cells, #, Blood
	CD8 Cells, #, Blood
	Chloride, Serum
	Cholesterol, Serum

Creatine Kinase (CK), Serum

Form: Hematologic Response

Creatinine Clearance, 24 hour,	
Urine Creatinine, Serum	
Erythrocyte Sedimentation Rate (ESR), Blood	
Ferritin, Serum	
Fibrinogen, Blood	
Gamma Glutamyl Transferase	
(GGT), Serum Glucose, Fasting, Serum	
Glucose, Non-fasting, Serum	
Haptoglobin, Serum	
Ways alakin Bland	
Hemoglobin, Blood	
High Density Lipoprotein, Cholesterol, Serum	
HIV Viral Load, Serum	
Immunoglobulin A (IgA), Serum	
Immunoglobulin G (IgG), Serum	
Hematocrit, %, Blood Hemoglobin, Blood High Density Lipoprotein, Cholesterol, Serum HIV Viral Load, Serum Immunoglobulin A (IgA), Serum Immunoglobulin G (IgG), Serum Immunoglobulin M (IgM), Serum International Normalized Ratio (INR), Prothrombin Time, Blood Iron, Serum Lactate Dehydrogenase (LDH), Serum Lipase, Serum Low Density Lipoproteins, Cholesterol, Serum Lymphocytes, #, Blood Magnesium, Serum	
Serum	
International Normalized Ratio (INR), Prothrombin Time, Blood	
Iron, Serum	
Lactate Dehydrogenase (LDH),	
Serum	
Lipase, Serum	
Low Density Lipoproteins, Cholesterol, Serum	
Lymphocytes, #, Blood	
Magnesium, Serum	
Monocytes, #, Blood	
Partial Prothromboplastin Time	
(PTT), Blood Phosphate (inorganic	
Phosphorus), Serum	
Platelets, Blood	
Potassium, Serum	
Prostate Specific Antigen (PSA),	
Serum	

Form: Hematologic Response

Prothrombin Time (PT), Blood
Reticulocytes, %, Red Blood
Cells C
Sodium, Serum
Thyrotropin (Thyroid Stimulating Hormone or TSH),
Serum
Thyroxine (T4), Serum
Total Iron Binding Capacity, Serum
Total Protein, Serum
Transferrin, Serum
Triglycerides, Serum
White Blood Cells (WBC), #,
Blood
Eosinophils, #, blood
Creatinine Clearance (CrCl),
Cockcroft-Gault, Serum
Folata Sarum
Total Protein, Serum Transferrin, Serum Triglycerides, Serum White Blood Cells (WBC), #, Blood Eosinophils, #, blood Creatinine Clearance (CrCl), Cockcroft-Gault, Serum Vitamin B12, Serum Folate, Serum Copper, Serum Iron Saturation, Ratio, Serum Paroxysmal Nocturnal Hemoglobinuria Flow Direct Antiglobulin Test (Coombs), Red Blood Cells Total Protein Electrophoresis, Serum Rheumatoid Factor, Serum Folate, Red Blood Cell Antinuclear Antibody (ANA),
Iron Saturation Ratio Serum
Parayyamal Nacturnal
Hemoglobinuria Flow
Direct Antiglobulin Test
(Coombs), Red Blood Cells
Total Protein Electrophoresis,
Rheumatoid Factor, Serum
Folate, Red Blood Cell
Antinuclear Antibody (ANA), Serum
Basophils, #, Blood
Reticulocytes, #, Blood
/μL
sec
U/L

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Form: Hematologic Response Generated On: 07 Apr 2023 19:36:54

	/μL
	/μL
Value Abnormal?	No C
	Yes
Date Hematology (Blood) Sample Obtained	- "
	Abaabata Nautusakii Canat
Lab Test	Absolute Neutrophil Count (ANC), Blood
	Time (APTT)
	Alanine Ammotransferase (ALT
	or SGPT), Serum Albumin, Serum
	Alkaline Phosphatase, Serum
	Amylase, Serum
. &	Amyrase, Serum
	Aspartate Aminotransferase (AST or SGOT), Serum
	Beta-2 Microglobulin, Serum
O pata entr	Bicarbonate, Serum
	Bilirubin, Direct, Serum
X S X	Bilirubin, Total, Serum
200	Blasts, %, Blood
-0 ~	Blood Urea Nitrogen (BUN),
O Ale	Serum
	C Reactive Protein, Serum
Ť	Calcium, Serum
	Carcinoembryonic Antigen (CEA), Serum
	Carcinogenic Antigen 19-9
	(CA19-9), Serum
	CD20, #, Blood
	CD4 Cells, #, Blood
	CD8 Cells, #, Blood
	Chloride, Serum
	Cholesterol, Serum

Form: Hematologic Response

Creatine Kinase (CK), Serum
Creatinine Clearance, 24 hour,
Urine
Creatinine, Serum
Erythrocyte Sedimentation Rate
(ESR), Blood
Ferritin, Serum
Fibringen, Blood
Gamma Glutamyl Transferase (GGT), Serum
Glucose, Fasting, Serum
Glucose, Non-fasting, Serum
Haptoglobin, Serum
Hematocrit, %, Blood
Glucose, Non-fasting, Serum Haptoglobin, Serum Hematocrit, %, Blood Hemoglobin, Blood High Density Lipoprotein, Cholesterol, Serum HIV Viral Load, Serum Immunoglobulin A (IgA), Serum Immunoglobulin G (IgG), Serum Immunoglobulin M (IgM), Serum International Normalized Ratio (INR), Prothrombin Time, Blood Iron, Serum Lactate Dehydrogenase (LDH), Serum Lipase, Serum Low Density Lipoproteins, Cholesterol, Serum Lymphocytes, #, Blood
High Density Lipoprotein,
Cholesterol, Serum
HIV Viral Load, Serum
Immunoglobulin A (IgA), Serum
Immunoglobulin G (IgG), Serum
Immunoglobulin M (IgM),
Serum Serum Serum
International Normalized Ratio (INR), Prothrombin Time, Blood
Iron, Serum
Lactate Dehydrogenase (LDH),
Serum
Lipase, Serum
Low Density Lipoproteins,
Cholesterol, Serum
Magnesium, Serum
Monocytes, #, Blood
Partial Prothromboplastin Time (PTT), Blood
Phosphate (inorganic
Phosphorus), Serum
Platelets, Blood
Potassium, Serum
<u> </u>

Form: Hematologic Response

	Prostate Specific Antigen (PSA),
	Serum
	Prothrombin Time (PT), Blood
	Reticulocytes, %, Red Blood
	Cells
	Sodium, Serum
	Thyrotropin (Thyroid
	Stimulating Hormone or TSH),
	Serum Thyroxine (T4), Serum
	Total Iron Binding Capacity,
	Serum
	Total Protein, Serum
	Transferrin, Serum
O Pata entry in a partie of the state of the	Triglycerides, Serum
	White Blood Cells (WBC), #,
	Blood
	Eosinophils, #, blood
<i>⟨⟩ ⟨⟩</i>	Creatinine Clearance (CrCl),
W *O	Cockcroft-Gault, Serum
	Vitamin B12, Serum
4 10 1	Folate, Serum
101 110	Copper, Serum
60.4	Iron Saturation, Ratio, Serum
	Paroxysmal Nocturnal
	Hemoglobinuria Flow
	Direct Antiglobulin Test
	(Coombs), Red Blood Cells
A 0.0	Total Protein Electrophoresis, Serum
•	Rheumatoid Factor, Serum
	Folate, Red Blood Cell
	Antinuclear Antibody (ANA),
	Serum
	Basophils, #, Blood
	Reticulocytes, #, Blood
Test not done	
Lab Value	
Lab Unit	/μL
	C

O pata entity via Medida	mg/dL
	0/L

	copies/mL
	mg/dL
	mg/dL
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	U/L O
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20, 10	mg/dl
S CAN DIO	/μL 1.7.
	mmol/L
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THE TO VEC.	mmol/L
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SULVI	μg/dL
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Form: Hematologic Response

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Value Abnormal?	No
	Yes
D. (. 11	
Date Hematology (Blood) Sample Obtained	
Lab Test	Absolute Neutrophil Count
	(ANC), Blood
	Activated Partial Thromboplastin Time (APTT)
	Alanine Aminotransferase (ALT
	or SGPT), Serum
	Albumin, Serum
	Alkaline Phosphatase, Serum
	Amylase, Serum
4, 41, 6	A an autota A main at man of a man
, , , , , , ,	Aspartate Aminotransferase (AST or SGOT), Serum
	Beta-2 Microglobulin, Serum
, 50 , 10	Bicarbonate, Serum
Lab Test Althornit in a control of a lab Test O O O O O O O O O O O O O O O O O O O	Bilirubin, Direct, Serum
	Bilirubin, Total, Serum
O - Alc	Blasts, %, Blood
, O	Blood Urea Nitrogen (BUN),
	Serum
	C Reactive Protein, Serum
	Calcium, Serum
	Carcinoembryonic Antigen
	(CEA), Serum
	Carcinogenic Antigen 19-9
	(CA19-9), Serum CD20, #, Blood
	\cup
	CD4 Cells, #, Blood
	CD8 Cells, #, Blood

Form: Hematologic Response

Chlorida Sarum
Chloride, Serum
Cholesterol, Serum
Creatine Kinase (CK), Serum
Creatinine Clearance, 24 hour, Urine
Creatinine, Serum
Erythrocyte Sedimentation Rate (ESR), Blood
Ferritin, Serum
Fibrinogen, Blood
(GGT), Serum
Glucose, Fasting, Serum
Glucose, Non-fasting, Serum
Haptoglobin, Serum
Hematocrit, %, Blood
Hemoglobin, Blood
High Density Lipoprotein,
Cholesterol, Serum
HIV Viral Load, Serum
Immunoglobulin A (IgA), Serum
Immunoglobulin G (IgG), Serum
Gamma Ghutamyl Transferase (GGT), Serum Glucose, Fasting, Serum Haptoglobin, Serum Hematocrit, %, Blood Hemoglobin, Blood High Density Lipoprotein, Cholesterol, Serum HIV Viral Load, Serum Immunoglobulin A (IgA), Serum Immunoglobulin G (IgG), Serum Immunoglobulin M (IgM), Serum International Normalized Ratio (INR), Prothrombin Time, Blood Iron, Serum Lactate Dehydrogenase (LDH), Serum Lipase, Serum Lipase, Serum Low Density Lipoproteins,
International Normalized Ratio
(INR), Prothrombin Time, Blood Iron, Serum
Lactate Dehydrogenase (LDH),
Serum
Lipase, Serum
Low Density Lipoproteins,
Cholesterol, Serum
Lymphocytes, #, Blood
Magnesium, Serum
Monocytes, #, Blood
Partial Prothromboplastin Time
(PTT), Blood Phosphate (inorganic
Phosphorus), Serum
1 //

	Platelets, Blood
Pe	otassium, Serum
Prostate Specific	
Prothrombin T	Serum Serum ime (PT), Blood
	s, %, Red Blood
Reficulocyte	Cells
	Sodium, Serum
·	otropin (Thyroid
Stimulating Ho	ormone or TSH),
Thyrox	Serum (T4), Serum
	inding Capacity,
0, 18	Serum
Tota	l Protein, Serum
	ansferrin, Serum
Trigl	lycerides, Serum
White Blood	Cells (WBC), #,
Eosiu	Blood nophils, #, blood
Creatinine C	Clearance (CrCl),
Cockero	oft-Gault, Serum
Vita	min B12, Serum
50.2	Folate, Serum
	Copper, Serum
Iron Saturation	on, Ratio, Serum
Parox	ysmal Nocturnal
Hemo Direct A	oglobinuria Flow Intiglobulin Test
(Coombs),	Red Blood Cells
Total Protein	Electrophoresis,
	Serum Serum
	Red Blood Cell
•	antibody (ANA),
Anunwica A	Serum Serum
Bas	sophils, #, Blood
Reticul	ocytes, #, Blood
Test not done	

Form: Hematologic Response

Lab Value		
Lab Unit		/μL
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	67.4	count/uL
		mEq/L
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Form: Hematologic Response

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Value Abnormal?	No
	Yes
Date Hematology (Blood) Sample Obtained	
Lab Test	Absolute Neutrophil Count
	(ANC), Blood
	Activated Partial Thromboplastin
	Time (APTT) Alanine Aminotransferase (ALT
	or SGPT), Serum
W :: Y	Albumin, Serum
	Alkaline Phosphatase, Serum
10,	Amylase, Serum
50.2	Aspartate Aminotransferase
	(AST or SGOT), Serum
Lab Test Opation Op	Beta-2 Microglobulin, Serum
0 x0	Bicarbonate, Serum
	Bilirubin, Direct, Serum
	Bilirubin, Total, Serum
	Blasts, %, Blood
	Blood Urea Nitrogen (BUN),
	Serum C Reactive Protein, Serum
	Calcium, Serum
	Carcinoembryonic Antigen (CEA), Serum
	Carcinogenic Antigen 19-9
	(CA19-9), Serum
	CD20, #, Blood

CD4 Cells, #, Blood
CD8 Cells, #, Blood
Chloride, Serum
Cholesterol, Serum
Creatine Kinase (CK), Serum
Creatinine Clearance, 24 hour,
Urine
Creatinine, Serum
Erythrocyte Sedimentation Rate
Ferritin, Serum
Fibrinogen, Blood
Ganma Glutamyl Transferase
(GGT), Serum
Glucose, Fasting, Serum
Glucose, Non-fasting, Serum
Haptoglobin, Serum
Hematocrit, %, Blood
Hemoglobin, Blood
High Density Lipoprotein,
HIV Viral Load, Serum
Erythrocyte Sedimentation Rate (ESR), Blood Ferritin, Serum Fibrinogen, Blood Ganma Glutanyl Transferase (GGT), Serum Glucose, Fasting, Serum Haptoglobin, Serum Hematocrit, %, Blood Hemoglobin, Blood High Density Lipoprotein, Cholesterol, Serum HIV Viral Load, Serum Immunoglobulin A (IgA), Serum Immunoglobulin G (IgG), Serum Immunoglobulin M (IgM), Serum International Normalized Ratio (INR), Prothrombin Time, Blood Iron, Serum Lactate Dehydrogenase (LDH).
Immunoglobulin G (IgG), Serum
Immunoglobulin M (IgM),
Serum
International Normalized Ratio (INR) Prothrombin Time Blood
Iron, Serum
Lactate Dehydrogenase (LDH),
Serum C
Lipase, Serum
Low Density Lipoproteins, Cholesterol, Serum
Lymphocytes, #, Blood
Magnesium, Serum
Monocytes, #, Blood
Partial Prothromboplastin Time
(PTT), Blood

Phosphate (inorganic	
Phosphorus), Serum	
Platelets, Blood	
Potassium, Serum	
Prostate Specific Antigen (PSA),	
Serum	
Prothrombin Time (PT), Blood	
Reticulocytes, %, Red Blood Cells	
Sodium, Serum	
Thyrotropin (Thyroid Stimulating Hormone or TSH),	
Serum	
Thyroxine (T4), Serum	
Total fron Binding Capacity, Serum Thyroxine (T4), Serum Total fron Binding Capacity, Serum Total Protein, Serum Triglycerides, Serum White Blood Cells (WBC), #, Blood Eosinophils, #, blood Creatinine Clearance (CrCl), Cockcroft-Gault, Serum Vitamin B12, Serum Vitamin B12, Serum Folate, Serum Copper, Serum Iron Saturation, Ratio, Serum Paroxysmal Nocturnal Hemoglobinuria Flow Direct Antiglobulin Test (Coombs) Red Blood Cells	
Total Protein, Serum	
Transferrin, Serum	
Triglycerides, Serum	
White Blood Cells (WBC), #, Blood	
Eosinophils, #, blood	
Creatinine Clearance (CrCl),	
Cockcroft-Gault, Serum	
Vitamin B12, Serum	
Folate, Serum	
Copper, Serum	
Iron Saturation, Ratio, Serum	
Paroxysmal Nocturnal	
Hemoglobinuria Flow	
Direct Antiglobulin Test	
(Coombs), Red Blood Cells Total Protein Electrophoresis,	
Serum	
Rheumatoid Factor, Serum	
Folate, Red Blood Cell	
Antinuclear Antibody (ANA),	
Serum Serum	
Basophils, #, Blood	
Reticulocytes, #, Blood	

Form: Hematologic Response

Test not done		
Lab Value		
Lab Unit		/µL
		sec
		U/L O
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	μg/dL g/dl
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Value Abnormal?	No
	Yes
Date Hematology (Blood) Sample Obtained	
Lab Test	Absolute Neutrophil Count
Lab Test	(ANC), Blood
	Activated Partial Thromboplastin
	Time (APTT)
	Alanine Aminotransferase (ALT
H, Vis W.	or SGPT), Serum Albumin, Serum
	Alkalina Dhaanhatasa Sarum
	Alkaline Phosphatase, Serum
* S * W	Amylase, Serum
20, 37,	Aspartate Aminotransferase (AST or SGOT), Serum
	Beta-2 Microglobulin, Serum
Oc ation	Bicarbonate, Serum
V 0.0	Bilirubin, Direct, Serum
Lab Test	Dilimbin Total Samus
	Bilirubin, Total, Serum
	biasis, %, biood
	Blood Urea Nitrogen (BUN), Serum
	C Reactive Protein, Serum
	Calcium, Serum
	Carcinoembryonic Antigen
	(CEA), Serum
	Carcinogenic Antigen 19-9
	(CA19-9), Serum

CD20, #, Blood
CD4 Cells, #, Blood
CD8 Cells, #, Blood
Chloride, Serum
Cholesterol, Serum
Creatine Kinase (CK), Serum
Creatinine Clearance, 24 hour,
Urine Creatinine, Serum
Erythrocyte Sedimentation Rate
(ESR), Blood
Ferritin, Serum
Fibrinogen, Blood
Gamma Glutamyl Transferase
(GGT), Serum Glucose, Fasting, Serum
Glucose, Non-fasting, Serum
Haptoglobin, Serum
Hematocrit, %, Blood
Hemoglobin, Blood
High Density Lipoprotein,
Cholesterol, Serum
HIV Viral Load, Serum
Immunoglobulin A (IgA), Serum
Immunoglobulin G (IgG), Serum
Ferritin, Serum Kibrinogen, Blood Gamma Glutamyl Transferase (GGT), Serum Glucose, Fasting, Serum Glucose, Non-fasting, Serum Haptoglobin, Serum Hematocrit, %, Blood Hemoglobin, Blood High Density Lipoprotein, Cholesterol, Serum HIV Viral Load, Serum Immunoglobulin A (IgA), Serum Immunoglobulin G (IgG), Serum Immunoglobulin M (IgM), Serum International Normalized Ratio (INR), Prothrombin Time, Blood Iron, Serum
International Normalized Ratio
(INR), Prothrombin Time, Blood Iron, Serum
Lactate Dehydrogenase (LDH),
Serum
Lipase, Serum
Low Density Lipoproteins, Cholesterol, Serum
Lymphocytes, #, Blood
Magnesium, Serum
Monocytes, #, Blood

	=
Partial Prothromboplastin Time)
(PTT), Blood Phosphate (inorganic	_
Phosphorus), Serum	ر
Platelets, Blood	7
Potassium, Serum	7
Prostate Specific Antigen (PSA),	く
Serum	ע
Prothrombin Time (PT), Blood)
Reticulocytes, %, Red Blood)
Cells Sodium, Serum	~ ~
Thurstonia (Thursid	رِ
Thyrotropin (Thyroid Stimulating Hormone or TSH),	ر
Serum	
Thyroxine (T4), Serum	7
Total Iron Binding Capacity,	イ
Serum	ノ 〜
Total Protein, Serum	_)
Transferrin, Serum)
Triglycerides, Serum)
White Blood Cells (WBC), #,	Ć
Blood Eosinophils, #, blood	- ٦
Creatinine Clearance (CrCl),	₹
Cockcroft-Gault, Serum	J
Vitamin B12, Serum	7
Folate, Serum	く
Copper, Serum	く
Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum Thyroxine (T4), Serum Total Iron Binding Capacity, Serum Total Protein, Serum Transferrin, Serum Triglycerides, Serum White Blood Cells (WBC), #, Blood Eosinophils, #, blood Creatinine Clearance (CrCl), Cockcroft-Gault, Serum Vitamin B12, Serum Vitamin B12, Serum Copper, Serum Iron Saturation, Ratio, Serum Paroxysmal Nocturnal Hemoslobimuria Flow	う
Paroxysmal Nocturnal	う
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Direct Antiglobulin Test)
(Coombs), Red Blood Cells Total Protein Electrophoresis,	_
Serum	J
Rheumatoid Factor, Serum	7
Folate, Red Blood Cell	\preceq
Antinuclear Antibody (ANA),	く
Serum	ر

Form: Hematologic Response

	Basophils, #	ŧ, Blood
	Reticulocytes, #	ŧ, Blood
Test not done		
Lab Value		
Lab Unit		μ L
		sec
		U/L O
		g/dL O
		U/L O
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		ug/mL
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	10, 11,	ng/mL
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Form: Hematologic Response

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Value Abnormal?	S C O NO
	Yes
Date Hematology (Blood) Sample Obtained	
Lat Tark	About to No. to abilify and Co
Lab Test	Absolute Neutrophil Count (ANC), Blood
	Activated Partial Thromboplastin
L'alle	Time (APTT)
10, 11,	Alanine Aminotransferase (ALT or SGPT), Serum
50.2	Albumin, Serum
	Alkaline Phosphatase, Serum
Date Hematology (Blood) Sample Obtained Lab Test	Amylase, Serum
00 70	Aspartate Aminotransferase
	(AST or SGOT), Serum
	Beta-2 Microglobulin, Serum
	Bicarbonate, Serum
	Bilirubin, Direct, Serum
	Bilirubin, Total, Serum
	Blasts, %, Blood
	Blood Urea Nitrogen (BUN), Serum
	C Reactive Protein, Serum
	Calcium, Serum
	Carcinoembryonic Antigen
	(CEA), Serum

	_
Carcinogenic Antigen 19-9	\supset
(CA19-9), Serum CD20, #, Blood	_
	↵
CD4 Cells, #, Blood	\supseteq
CD8 Cells, #, Blood	_)
Chloride, Serum	_)
Cholesterol, Serum	_)
Creatine Kinase (CK), Serum	\bigcup
Creatinine Clearance, 24 hour,	\bigcup
Urine Creatinine, Serum	$\overline{}$
Erythrocyte Sedimentation Rate	≺
(ESR), Blood	ر
Ferritin, Serum	\supset
Fibrinogen, Blood	ጘ
Gamma Glutamyl Transferase	ጘ
(GGT), Serum	<u>ー</u>
Glucose, Fasting, Serum	_)
Glucose, Non-fasting, Serum	_)
Haptoglobin, Serum	_)
Hematocrit, %, Blood	_)
Hemoglobin, Blood	\bigcup
High Density Lipoprotein,	\bigcup
Cholesterol, Serum HIV Viral Load, Serum	\neg
Immunoglobulin A (IgA), Serum	≺
Immunoglobulin G (IgG), Serum	≺
Immunoglobulin M (IgM),	≺
Erythrocyte Sedimentation Rate (ESR), Blood Ferritin, Serum Fibrinogen, Blood Gamma Glutamyl Transferase (GGT), Serum Glucose, Fasting, Serum Glucose, Non-fasting, Serum Haptoglobin, Serum Hematocrit, %, Blood Hemoglobin, Blood High Density Lipoprotein, Cholesterol, Serum HIV Viral Load, Serum Immunoglobulin A (IgA), Serum Immunoglobulin G (IgG), Serum Immunoglobulin M (IgM), Serum International Normalized Ratio (CM), Partment in Time Placed	ノ
International Normalized Ratio	\supset
(INR), Prothrombin Time, Blood Iron, Serum	_
Lactate Dehydrogenase (LDH),	₹
Serum	ر
Lipase, Serum	\supset
Low Density Lipoproteins,	ጘ
Cholesterol, Serum	_
Lymphocytes, #, Blood	_)
Magnesium, Serum	_)

Monocytes, #, Blood
Partial Prothromboplastin Time
(PTT), Blood
Phosphate (inorganic
Phosphorus), Serum Platelets, Blood
Potassium, Serum
Prostate Specific Antigen (PSA), Serum
Prothrombin Time (PT), Blood
Reticulocytes, %, Red Blood
Cells
Sodium, Serum
Thyrotropin (Thyroid
Stimulating Hormone or TSH),
Serum
Thyroxine (T4), Serum
Sodium, Serum Thyfotropin (Thyroid Stimulating Hormone or TSH), Serum Thyroxine (T4), Serum Thyroxine (T4), Serum Total Iron Binding Capacity, Serum Transferrin, Serum Triglycerides, Serum White Blood Cells (WBC), #, Blood Eosinophils, #, blood Creatinine Clearance (CrCl), Cockcroft-Gault, Serum Vitamin B12, Serum Folate, Serum Copper, Serum Iron Saturation, Ratio, Serum
Serum Total Protein, Serum
Transferrin, Serum
Triglycerides, Serum
White Blood Cells (WBC), #,
Blood
Eosinophils, #, blood
Creatinine Clearance (CrCl),
Cockcroft-Gault, Serum
Vitamin B12, Serum
Folate, Serum
Copper, Serum
Iron Saturation, Ratio, Serum
Paroxysmal Nocturnal
Hemoglobinuria Flow
Direct Antiglobulin Test (Coombs), Red Blood Cells
Total Protein Electrophoresis,
Serum
Rheumatoid Factor, Serum
Folate, Red Blood Cell

Form: Hematologic Response

	Antinuclear Antibody (ANA),
	Serum Serum
	Basophils, #, Blood
	Reticulocytes, #, Blood
Test not done	
Lab Value	
Lab Unit	$/\mu L$
	sec
	U/L O
	g/dL
	U/L O
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SULVE	mmol/L
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Value Abnormal?	My CO	No No
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Liate Hematology (F		
Date Hematology (F	Blood) Sample Obtained	
Lab Test	stood) Sample Obtained	Absolute Neutrophil Count
	Stood) Sample Oblamed	Absolute Neutrophil Count (ANC), Blood Activated Partial Thromboplastin
	Stood) Sample Oblamed	(ANC), Blood Activated Partial Thromboplastin Time (APTT)
	Stood) Sample Oblamed	(ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT
	Stood) Sample Oblamed	(ANC), Blood Activated Partial Thromboplastin Time (APTT)
	Stood) Sample Oblamed	(ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum
	Stood) Sample Oblamed	(ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum
	Stood) Sample Oblamed	(ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Alkaline Phosphatase, Serum
	Blood) Sample Obtained	(ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Alkaline Phosphatase, Serum Amylase, Serum Aspartate Aminotransferase (AST or SGOT), Serum
	Stood) Sample Oblamed	(ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Alkaline Phosphatase, Serum Amylase, Serum Aspartate Aminotransferase (AST or SGOT), Serum Beta-2 Microglobulin, Serum
	Stood) Sample Oblamed	(ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Alkaline Phosphatase, Serum Amylase, Serum Aspartate Aminotransferase (AST or SGOT), Serum Beta-2 Microglobulin, Serum Bicarbonate, Serum
	Stood) Sample Oblamed	(ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Albumin, Serum Amylase, Serum Amylase, Serum Aspartate Aminotransferase (AST or SGOT), Serum Beta-2 Microglobulin, Serum Bicarbonate, Serum Bilirubin, Direct, Serum
	Stood) Sample Oblamed	(ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Alkaline Phosphatase, Serum Amylase, Serum Aspartate Aminotransferase (AST or SGOT), Serum Beta-2 Microglobulin, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum
	Stood) Sample Oblamed	(ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Albumin, Serum Amylase, Serum Amylase, Serum Aspartate Aminotransferase (AST or SGOT), Serum Beta-2 Microglobulin, Serum Bicarbonate, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood
	Stood) Sample Oblamed	(ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Alkaline Phosphatase, Serum Amylase, Serum Amylase, Serum Aspartate Aminotransferase (AST or SGOT), Serum Beta-2 Microglobulin, Serum Bicarbonate, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood Blood Urea Nitrogen (BUN),
	Stood) Sample Oblamed	(ANC), Blood Activated Partial Thromboplastin Time (APTT) Alanine Aminotransferase (ALT or SGPT), Serum Albumin, Serum Albumin, Serum Amylase, Serum Amylase, Serum Aspartate Aminotransferase (AST or SGOT), Serum Beta-2 Microglobulin, Serum Bicarbonate, Serum Bilirubin, Direct, Serum Bilirubin, Total, Serum Blasts, %, Blood

Calcium, Serum
Carcinoembryonic Antigen
(CEA), Serum
Carcinogenic Antigen 19-9 (CA19-9), Serum
CD20, #, Blood
CD4 Cells, #, Blood
CD8 Cells, #, Blood
Chloride, Serum Cholesterol, Serum Cholesterol, Serum Creatine Kinase (CK), Serum Creatinine Clearance, 24 hour, Urine Creatinine, Serum Erythroeyte Sedimentation Rate (ESR), Blood Ferritin, Serum Fibrinogen, Blood Gamma Glutamyl Transferase (GGT), Serum Glucose, Fasting, Serum Glucose, Non-fasting, Serum Haptoglobin, Serum Hematocrit, %, Blood Hemoglobin, Blood High Density Lipoprotein, Cholesterol, Serum HIV Viral Load, Serum Immunoglobulin A (IgA), Serum Immunoglobulin G (IgG), Serum
Cholesterol, Serum
Creatine Kinase (CK), Serum
Creatinine Clearance, 24 hour,
Urine Constinuing Sorry
Creatinine, Serum
Erythrocyte Sedimentation Rate (FSR) Blood
Ferritin, Serum
Fibrinogen, Blood
Gamma Glutamyl Transferase
(GGT), Serum
Glucose, Fasting, Serum
Glucose, Non-fasting, Serum
Haptoglobin, Serum
Hematocrit, %, Blood
Hemoglobin, Blood
High Density Lipoprotein,
HIV Viral Load Serum
Immunoglobulin A (IgA) Serum
Immunoglobulin G (IgG), Serum
Immunoglobulin M (IgM),
Serum Serum
International Normalized Ratio
(INR), Prothrombin Time, Blood Iron, Serum
Lactate Dehydrogenase (LDH),
Serum
Lipase, Serum

Low Density Lipoproteins,
Cholesterol, Serum Lymphocytes, #, Blood
Magnesium, Serum
Monocytes, #, Blood
Partial Prothromboplastin Time (PTT), Blood
Phosphate (inorganic
Phosphorus), Serum
Platelets, Blood
Potassium, Serum
Prostate Specific Antigen (PSA), Serum
Prothrombin Time (PT), Blood
Reticulocytes, %, Red Blood
Cells
Sodium, Serum
Thyrotropin (Thyroid Stimulating Hormone or TSH),
Serum
Thyroxine (T4), Serum
Serum Prothrombin Time (PT), Blood Reticulocytes, %, Red Blood Cells Sodium, Serum Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum Thyroxine (T4), Serum Total Iron Binding Capacity, Serum Total Protein, Serum Transferrin, Serum Triglycerides, Serum White Blood Cells (WBC), #, Blood Eosinophils, #, blood Creatinine Clearance (CrCI), Cockcroft-Gault, Serum Vitamin B12, Serum
Total Protein, Serum
Transferrin, Serum
Triglycerides, Serum
White Blood Cells (WBC), #,
Blood Eosinophils, #, blood
Creatinine Clearance (CrCl),
Cockcroft-Gault, Serum
Vitamin B12, Serum
Folate, Serum
Copper, Serum
Iron Saturation, Ratio, Serum
Paroxysmal Nocturnal
Hemoglobinuria Flow
Direct Antiglobulin Test (Coombs), Red Blood Cells
(Coomos), Red Blood Cens

Form: Hematologic Response

	Total Protein Electrophoresis,
	Serum
	Rheumatoid Factor, Serum
	Folate, Red Blood Cell
	Antinuclear Antibody (ANA),
	Serum Basophils, #, Blood
Test not done	
Lab Value	
Lab Unit	
Lau Ollit	Reticulocytes, #, Blood /µL sec U/L g/dL U/L U/L U/L ug/mL mEq/L mg/dL mg/dL mg/dL mg/dL ng/mL count/uL
	g/dL o
	U/L O
	U/L
	U/L
	ug/mL
4	mEq/L
*	mg/dL
	mg/dL
X	%
20	mg/dL
~° ×°	mg/dL
	mg/dL
\vee	ng/mL
	U/mL
	count/uL
	count/uL
	mEq/L
	mg/dL
	U/L mL/min
	mL/min
	mg/dL

	mm/hr
	ng/mL
	mg/dL
	U/L
	mg/dL
	mg/dL
	mg/dL
	%
	g/dL
	mg/dL
	copies/mL
20 40	mg/dL
S CAN 5.0	mg/dL
	mg/dL
	μg/dL
, B, K, Y,	U/L U/L
LIVE TO NOT	mg/dL
Donot submit via Medidata Rave	mg/dl
	/µL
SULUI	sec
	mg/dl
	/μL
VO 75	mmol/L
	ng/ml
	sec
	%
	mmol/L
	mIU/L
	ug/dl O
	μg/dL
	g/dl O
	mg/dl O
	mg/dl

Form: Hematologic Response

	/µL
	/µL
	/µL
	mL/min
	pg/mL
	ng/mL
	μg/dL
	%
	g/dL
4,	U/mL
	ng/mL
20, 16	υO
School	/µL 🔘
	/µL 🔘
	\Box
Bl.MDS OG TARRE	\Box
HBI-NDSOG-ACRIMA ECOGIDATA RAVE	\Box
Value Abnormal?	No
	Yes
Date Hematology (Blood) Sample Obtained	
× 9 × 19	
oo't anti-	
Date Hematology (Blood) Sample Obtained	
V 0.0.	

Form: Baseline Quality of Life Completed Yes/No

Was VES-13 Frailty completed? No, assessment was not required at this time point No, assessment was not required this time point No	FORM_OID	
No, assessment was required Yes Was QUALMS completed? No, assessment was not required at this time point No, assessment was not required at this time point No, assessment was not required Yes Was FACT-G completed? No, assessment was not required at this time point No, assessment was required Yes Was EQ-5D-5L completed? No, assessment was not required at this time point No, assessment was required Yes Was PROMIS Short form fatigue 7a completed? No, assessment was not required at this time point No, assessment was required Yes	Was VES-13 Frailty completed?	
Was QUALMS completed? No, assessment was not required at this time point No, assessment was required at this time point No, assessment was not required at this time point No, assessment was required at this time point No, assessment was not required at this time point No, assessment was not required at this time point No, assessment was required Yes Was PROMIS Short form fatigue 7a completed? No, assessment was not required at this time point No, assessment was not required at this time point No, assessment was required this time point No, assessment was not required this time point No, assessment was required this time point No, assessment was not required this time		at this time point
Was QUALMS completed? No, assessment was not required at this time point No, assessment was not required at this time point No, assessment was not required at this time point No, assessment was required at this time point No, assessment was not required at this time point No, assessment was not required at this time point No, assessment was required Yes Was PROMIS Short form fatigue 7a completed? No, assessment was not required at this time point No, assessment was required at this time point No, assessment was not required at this time point No, assessment was required the point No, assessment was not required t		No, assessment was required
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Was FACT-G completed? No, assessment was not required at this time point No, assessment was required at this time point Yes Was EQ-5D-5L completed? No, assessment was not required at this time point No, assessment was required Yes Was PROMIS Short form fatigue 7a completed? No, assessment was not required at this time point No, assessment was required at this time point No, assessment was required at this time point No, assessment was required this time point No, assessment was required at this time point No, assessment was required the point No, assessment was required this time point No, assessment was required this time point No, assessment was required the point No, assessment was not required the point No, assessment was required the point No, assessment was not required the point No, assess		at this time point
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Was EQ-5D-5L completed? Was EQ-5D-5L completed? No, assessment was not required at this time point No, assessment was required Yes Was PROMIS Short form fatigue 7a completed? No, assessment was not required at this time point No, assessment was not required at this time point No, assessment was required to the same of the sa		Yes
Was EQ-5D-5L completed? No, assessment was required at this time point. No, assessment was required at this time point. No, assessment was required Yes. Was PROMIS Short form fatigue 7a completed? No, assessment was not required at this time point. No, assessment was required. No, assessment was required.	Was FACT-G completed?	
Was EQ-5D-5L completed? No, assessment was not required at this time point. No, assessment was required Yes. Was PROMIS Short form fatigue 7a completed? No, assessment was not required at this time point. No, assessment was required. No, assessment was required.		
Was EQ-5D-5L completed? No, assessment was not required at this time point. No, assessment was required Yes. Was PROMIS Short form fatigue 7a completed? No, assessment was not required at this time point. No, assessment was required. No, assessment was required.		No, assessment was required
Was PROMIS Short form fatigue 7a completed? No, assessment was required No, assessment was not required at this time point No, assessment was not required at this time point No, assessment was required		Yes
Was PROMIS Short form fatigue 7a completed? No, assessment was required No, assessment was not required at this time point No, assessment was required No, assessment was required	Was EQ-5D-5L completed?	No, assessment was not required
Was PROMIS Short form fatigue 7a completed? No, assessment was not required at this time point No, assessment was required		
Was PROMIS Short form fatigue 7a completed? No, assessment was not required at this time point No, assessment was required		No, assessment was required
at this time point No, assessment was required		Yes
No, assessment was required	Was PROMIS Short form fatigue 7a completed?	
Y. C		1
Yes Control of the Property of	Jis 14	No, assessment was required
not sulty v		Yes
not entil,	SURV	

Form: Quality of Life Completed Yes/No Generated On: 07 Apr 2023 19:36:54

FORM_OID	
Form instructions: For patients in the ICUS Longitudinal cohort, the QUA should not be completed.	ALMS and FACT-G assessments are not required and
Was VES-13 Frailty completed?	No, assessment was not required at this time point No, assessment was required Yes
Was QUALMS completed?	No, assessment was not required at this time point No, assessment was required Yes
Was FACT-G completed?	No, assessment was not required at this time point No, assessment was required Yes
Was EQ-5D-5L completed?	No, assessment was not required at this time point No, assessment was required Yes
Was PROMIS Short form fatigue 7a completed?	No, assessment was not required at this time point No, assessment was required Yes

Form: QOL Completed

FORM_OID	
Where were the forms completed?	
Were the forms completed in clinic?	No
	Yes
Were the forms completed at home?	No
	Yes
What was the method of completion?	Completed at home and returned
	through the mail
	Completed via a telephone interview
	Completed via videoconference
	Other
Assistance	N. O.
Did the patient require assistance completing the QOL forms?	No
	Yes
How was the patient assisted?	0
Were the questions read aloud to patient?	No
THE TO LEV	Yes
Did the patient require clarification of questions or instructions?	No
101 Jilo	Yes
Did the patient require other assistance?	No
	Yes
Were the forms completed independently by another person?	No
O sto	Yes
What was the reason for assistance?	
Did the patient have a language difficulty? (questions needed to be	No
translated)	Yes (specify)
Did the patient have a literacy difficulty? (patient could not read	No C
well enough)	Yes
Was the patient disabled?	No
	Yes (specify)
Were the forms completed via a telephone interview?	No
	Yes

Form: QOL Completed

Other	No
	Yes (specify)
Who assisted or completed the assessmen	ıt?
Staff	No
	Yes
Family	No
	Yes
Friend	No
	Yes
Other	No
	Yes (specify)
	No Yes (specify) No Yes (specify)
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	Bickedilos
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Form: QOL Not Completed Reason Generated On: 07 Apr 2023 19:36:54

Generated Sin V. Tipl 2020 19100001	
FORM_OID	
(Scheduled) Assessment date	
Indicate reason(s) why form was not completed (check all that apply)	
Patient refusal	
Unable to accommodate disability or language needs	
Specify disability or language	
Patient did not show up in clinic/office	
Specify reason patient did not show up	
Staff unavailable	
Patient not given form by staff	
Patient too ill	
Patient expired S	
Staff thought patient too ill	
Other	
Specify other reason	
Other Specify other reason	

Form: VES-13 Frailty Patient Responses Generated On: 07 Apr 2023 19:36:54

FORM_OID	
Age	
In general, compared to other people your age, would you say that your health is:	Poor Fair
	Good
	Very good
	Excellent
How much difficulty on average, do you have with the following p	ohysical activities:
Stooping, crouching or kneeling?	No Difficulty
	A little Difficulty
	Some Difficulty
	ALot of Difficulty
5 0	Unable to do
Lifting, or carrying objects as heavy as 10 pounds?	No Difficulty
	A little Difficulty
	Some Difficulty
XV x0 , 00.	A Lot of Difficulty
Lifting, or carrying objects as heavy as 10 pounds?	Unable to do
Reaching or extending arms above shoulder level?	No Difficulty
	A little Difficulty
Reaching or extending arms above shoulder level?	Some Difficulty
	A Lot of Difficulty
	Unable to do
Writing, or handling and grasping small objects?	No Difficulty
	A little Difficulty
	Some Difficulty
	A Lot of Difficulty
	Unable to do
Walking a quarter of a mile?	No Difficulty
	A little Difficulty
	Some Difficulty
	A Lot of Difficulty
	Unable to do

Form: VES-13 Frailty Patient Responses Generated On: 07 Apr 2023 19:36:54

Heavy housework such as scrubbing floors or washing windows?	No Difficulty
	A little Difficulty
	Some Difficulty
	A Lot of Difficulty
	Unable to do
Because of your health or a physical condition, do you have difficulty:	
Shopping for personal items (like toilet items or medicines)?	Yes
	No
	Don't do
Do you get help shopping?	No
	Yes
Is that because of your health?	No
25 CV, (Yes
Managing money (like keeping track of expenses or paying bills)?	Yes
	No
	Don't do
Do you get help with managing money?	No
H. Mr. Al	Yes
Is that because of your health?	No
. 50 . 0	Yes
Walking across the room? USE OF CANE OR WALKER IS OK	Yes
	No
	Don't do
Do you get help with walking?	No
	Yes
Is that because of your health?	No
	Yes
Doing light housework (like washing dishes, straightening up, or light	Yes
cleaning)?	No
	Don't do
Do you get help with light housework?	No
	Yes
Varsian 14.00 nuched to	

Form: VES-13 Frailty Patient Responses Generated On: 07 Apr 2023 19:36:54

Is that because of your health?	No
	Yes
Bathing or showering?	Yes
	No
	Don't do
Do you get help bathing or showering?	No
	Yes
Is that because of your health?	No
Is that because of your health? Althorntonia Residentity in a light of the control of the contr	Yes
11 De die	
4. Vir Va	
101, 110	
SULA	
10 OI,	

FORM_OID	
During the past week, how often	
1. Did you feel as though there was a lack of clear information about	Never
your disease?	Rarely
	Sometimes
	Often
	Always
2. Have you felt there was limited emotional support available for	Never
patients with MDS beyond their families?	Rarely
4,	Sometimes
0.11	Often
3. Did you feel as though you couldn't do anything about your disease?	Always
3. Did you feel as though you couldn't do anything about your	Never
disease?	Rarely
	Sometimes
BI Fr iio	Often
11/ 10 180.	Always
4. Did you feel the course of your disease was unpredictable?	Never
	Rarely
	Sometimes
x 3 x/A	Often
4. Did you feel the course of your disease was unpredictable? 5. Did you have difficulty explaining MDS to your friends or family?	Always
5. Did you have difficulty explaining MDS to your friends or family?	Never
	Rarely
	Sometimes
	Often
	Always
6. Did you have trouble concentrating?	Never
	Rarely
	Sometimes
	Often
	Always
7. Have you considered changing long-term plans due to health	Never
concerns?	
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PRODUCTION 04.06.2023 (15421)	

	Rarely
	Sometimes
	Often
	Always
8. Have you experienced shortness of breath?	Never
	Rarely
	Sometimes
	Often
	Always
9. Did low energy levels cause you to change your schedule?	Never
	Rarely
20 210	Sometimes
S C/V 2'0	Often
9. Did low energy levels cause you to change your schedule? 10. Did you feel as though your life was organized around medical	Always
10. Did you feel as though your life was organized around medical	Never
appointments?	Rarely
THE TO LEG	Sometimes
H' ill H'	Often
appointments? 11. Have you felt a sense of hopelessness?	Always
11. Have you felt a sense of hopelessness?	Never
A STATE OF THE STA	Rarely
	Sometimes
~ × · · ·	Often
11. Have you felt a sense of hopelessness?	Always
12. Have you been worried about getting an infection?	Never
	Rarely
	Sometimes
	Often
	Always
13. Have you had sufficient energy for routine tasks?	Never
	Rarely
	Sometimes
	Often
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relation 1 1.00 pushed to	453 of 482

	Always
14. Were you afraid of dying?	Never
	Rarely
	Sometimes
	Often
	Always
15. Did you feel angry about your diagnosis?	Never
	Rarely
	Sometimes
	Often
	Always
16. Were you worried about bleeding?	Never
20 CV, 5-0	Rarely
	Sometimes
21-14-10-421	Often
16. Were you worried about bleeding? 17. Did you feel a sense of gratitude for a part of life that you took for	Always
17. Did you feel a sense of gratitude for a part of life that you took for granted before? 18. Did you feel nauseated?	Never
granted before?	Rarely
101, 21,0	Sometimes
871.7	Often
	Always
18. Did you feel nauseated?	Never
	Rarely
0.00	Sometimes
	Often
	Always
19. Did you worry about your MDS progressing or	Never
developing into leukemia?	Rarely
	Sometimes
	Often
	Always
20. Did you take into account that you might be fatigued when	Never
planning your activities?	Rarely
V	
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	Sometimes
	Often
	Always
21. Were you concerned that your MDS caused a financial burden for	Never
you or your family?	Rarely
	Sometimes
	Often
	Always
22. Did you feel your family relationships were strained by your	Never
disease?	Rarely
	Sometimes
	Often
25 Ch. 5-0	Always
23. Have you felt weak?	Never
	Rarely
	Sometimes
14/1 40 160	Often
22. Did you feel your family relationships were strained by your disease? 23. Have you felt weak? 24. Have you been too tired to take on the responsibilities you used to have?	Always
24. Have you been too tired to take on the responsibilities you used to have?	Never
have?	Rarely
	Sometimes
	Often
00 40	Always
25. Did you worry about becoming a burden to your friends or	Never
family?	Rarely
	Sometimes
	Often
	Always
26. Were you unable to participate in activities you are used to doing?	Never
	Rarely
	Sometimes
	Often
	Always

27. Have you felt anxious about test or lab results?	Never
	Rarely
	Sometimes
	Often
	Always
28. Did you avoid crowds because of fear of getting an infection?	Never
	Rarely
	Sometimes
	Often
	Always
29. Did you find yourself grateful for tomorrow?	Never
	Rarely
25 CV, 5.0.	Sometimes
	Often
29. Did you find yourself grateful for tomorrow?	Always
30. Did you feel you were able to find quality information about	Never
MDS treatments?	Rarely
A ill M	Sometimes
	Often
31. Were you concerned about bruising?	Always
31. Were you concerned about bruising?	Never
	Rarely
31. Were you concerned about bruising?	Sometimes
	Often
	Always
32. Did you feel as though there were a lack of concrete answers	Never (
about what will happen with your MDS?	Rarely
	Sometimes
	Often
	Always
33. Did you experience a change in bowel habits?	Never
	Rarely
	Sometimes
	\cup
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	Often
	Always
34. Were you afraid of losing your job?	Never
	Rarely
	Sometimes
	Often
	Always
	Not applicable
35. Did you feel too tired to drive?	Never
	Rarely
	Sometimes
	Often
2 C3' Q	Always
W - O × Ø .	Not applicable
35. Did you feel too tired to drive? 36. Were you afraid to have sex due to your blood counts?	Never
	Rarely
	Sometimes
4. Viji Va.	Often
101, 11,0	Always
36. Were you afraid to have sex due to your blood counts? 37. Were you afraid that your MDS treatment would stop working?	Not applicable
37. Were you afraid that your MDS treatment would stop working?	Never
	Rarely
	Sometimes
	Often
	Always
	Not applicable
38. Have you been too tired to take care of a family member or loved	Never
one?	Rarely
	Sometimes
	Often
	Always
	Not applicable

Form: FACT-G Physical Well-Being Patient Responses

FORM_OID	
Form instructions: This form is for data capture and entry purposes only. Patients should not enter responses in Medidata Rave. Rave CRAs must abstract the information from paper versions and enter it into Rave. The paper versions of the QOL forms for patient completion are available on the ECOG/CTSU websites.	
Assessment date	
I have a lack of energy	0 1 2 3 4
S CIP Pave	1 2 3 4
Because of my physical condition, I have trouble meeting the needs of my family I have pain I am bothered by side effects of treatment	0 1 2 3 4
I have pain	0 1 2 3 4
I am bothered by side effects of treatment	0 1 2 3 4
I feel ill	

Form: FACT-G Physical Well-Being Patient Responses

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	3
	4
I am forced to spend time in bed	0
	$\frac{1}{2}$
	$\stackrel{2}{0}$
	4

Opata entry via Medidata Rave

Form: FACT-G Social Well-Being Patient Responses

FORM_OID	
Form instructions:	
This form is for data capture and entry purposes only. Patients shou	ld not enter responses in Medidata
Rave. Rave CRAs must abstract the information from paper version	as and enter it into Rave. The paper
versions of the QOL forms for patient completion are available on t	he ECOG/CTSU websites.
Assessment date	
I feel close to my friends	00
•	1
	1
	2(
	3 (
	4
I get emotional support from my family	
1 get emotional support from my family	
5	2
	<i>3</i> ≥ 3 ≥ 3 ≥ 3 ≥ 3 ≥ 3 ≥ 3 ≥ 3 ≥ 3 ≥ 3 ≥
	10
	+
I get support from my friends	0
, XV , XO , QC	1
The street	2
	2
:01, -1/10	3
COLD 1	4
I get support from my friends My family has accepted my illness	00
200 200	1
	1
00 %0	2
	3
	4
I am satisfied with family communication about my illness	00
Tain satisfied with failing communication about my finess	ي ٠
	1
	2
	3
	4
I feel close to my partner (or the person who is my main support)	0
	1
	$_2$
	-(

Form: FACT-G Social Well-Being Patient Responses

Regardless of your current level of sexual activity, please answer the	\bigcap
Pagardless of your gurrant lovel of sayyal activity, places answer the	\simeq
Degrardless of your augment level of sayuel activity, places ensure the	<u> </u>
following question. If you prefer not to answer it, please mark this	
box.	
I am satisfied with my sex life 0	
1	\subset
2	\sim
3	$\widetilde{\ }$
\rightarrow 4	ı
AHILBINIDS GARAPANE Onot submit to medidata Rave Onot submit to medidata Rave	
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Mr CO Sto	
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10, 110	
, 50 , 1	

Form: FACT-G Emotional Well-Being Patient Responses

FORM_OID	
Form instructions: This form is for data capture and entry purposes only. Patients should not enter responses in Medidata Rave. Rave CRAs must abstract the information from paper versions and enter it into Rave. The paper versions of the QOL forms for patient completion are available on the ECOG/CTSU websites.	
Assessment date	
I feel sad	0 1 2 3 4
I am satisfied with how I am coping with my illness I am losing hope in the fight against my illness	0 1 2 3 4
I am losing hope in the fight against my illness. I feel nervous I worry about dying	0 1 2 3 4
I feel nervous	0 1 2 3 4
I worry about dying	0 1 2 3 4
I worry that my condition will get worse	



Form: FACT-G Functional Well-Being Patient Responses

FORM_OID	
Form instructions:	
This form is for data capture and entry purposes only. Patients should not enter resp	
Rave. Rave CRAs must abstract the information from paper versions and enter it in	
versions of the QOL forms for patient completion are available on the ECOG/CTS	U websites.
Assessment date	
I am able to work (include work at home)	0
	$_{1}$
	$_{2}$
	2
•	3
	4
My work (include work at home) is fulfilling	00
	<u> </u>
	3
	4
My work (include work at home) is fulfilling I am able to enjoy life	00
1/2 0 00	1
	1
L. Wir Via	2
	3
	4
I have accepted my illness	0
200 200	1
	2
	2
	3
	4
I am able to enjoy life I have accepted my illness I am sleeping well	0
	1
	,
	2
	3
	4
I am enjoying the things I usually do for fun	0
•	1
	2
	2

Form: FACT-G Functional Well-Being Patient Responses

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	30
	4
I am content with the quality of my life right now	0
	1
	2
	3 🗍
	4

Donata entry via Medidata Rave

Form: EQ-5D-5L Health Questionnaire Patient Responses

This form is for data capture and entry purposes only. Patients should not enter responses in Medidata Rave. Rave CRAs must abstract the information from paper versions and enter it into Rave. The paper versions of the QOL forms for patient completion are available on the ECOG/CTSU websites. Assessment date MOBILITY I have no problems walking I have slight problems walking I have severe problems walking I have severe problems washing or dressing myself I have slight problems washing or dressing myself I have severe problems washing or dressing myself	FORM_OID	
Rave Rave CRAs must abstract the information from paper versions and enter it into Rave. The paper versions of the QOL forms for patient completion are available on the ECOG/CTSU websites. Assessment date MOBILITY I have no problems walking I have slight problems walking I have severe problems walking I have severe problems walking I have severe problems walking I have no problems washing or dressing myself I have moderate problems washing or dressing myself I have severe problems washing or dressing myself I have severe problems washing or dressing myself I have no problems doing my usual activities I have slight problems doing my usual activities I have severe problems doing my usual activities I have no pain or discomfort I have slight pain or discomfort I have severe pain or di	Form instructions:	
Assessment date MOBILITY I have no problems walking I have slight problems walking I have severe problems washing or dressing myself I have slight problems washing or dressing myself I have severe problems washing or dressing myself I have severe problems washing or dressing myself I have severe problems washing or dressing myself I have no problems washing or dressing myself I have no problems washing or dressing myself I have severe problems doing my usual activities I have slight problems doing my usual activities I have severe pain or discomfort I have severe pain or discomfort	This form is for data capture and entry purposes only. Patients shou	lld not enter responses in Medidata
Assessment date MOBILITY I have no problems walking I have slight problems walking I have severe problems walking I have severe problems walking I have severe problems washing or dressing myself I have moderate problems washing or dressing myself I have moderate problems washing or dressing myself I have severe problems washing or dressing myself I have severe problems washing or dressing myself I have no problems doing my usual activities I have slight problems doing my usual activities I have slight problems doing my usual activities I have severe pain or discomfort I have severe pain or discomfort I have severe pain or discomfort		
I have no problems walking I have slight problems walking I have severe problems walking I have severe problems walking I am unable to walk SELF-CARE I have no problems washing or dressing myself I have slight problems washing or dressing myself I have severe problems doing my usual activities I have no problems doing my usual activities I have moderate problems doing my usual activities I have severe problems doing my usual activities I have no pain or discomfort I have moderate problems or discomfort I have moderate pain or discomfort I have severe pain or discomfort I have severe pain or discomfort I have severe pain or discomfort	versions of the QOL forms for patient completion are available on t	the ECOG/CTSU websites.
I have slight problems walking I have severe problems walking I am unable to walk SELF-CARE I have no problems washing or dressing myself I have slight problems washing or dressing myself I have slight problems washing or dressing myself I have moderate problems washing or dressing myself I have severe problems washing or dressing myself I have severe problems doing my usual activities I have no problems doing my usual activities I have moderate problems doing my usual activities I have severe problems doing my usual activities	Assessment date	
I have moderate problems walking I have severe problems walking I am unable to walk SELF-CARE Thave no problems washing or dressing myself I have slight problems washing or dressing myself I have severe problems doing my usual activities I have no problems doing my usual activities I have moderate problems doing my usual activities I have severe problems doing my usual activities I have moderate problems doing my usual activities I have severe problems doing my usual activities I have moderate problems doing my usual activities	MOBILITY	I have no problems walking
Walking I have severe problems walking I am unable to walk SELF-CARE Thave no problems washing or dressing myself I have slight problems washing or dressing myself I have moderate problems washing or dressing myself I have severe problems washing or dressing myself I have severe problems washing or dressing myself I am unable to wash or dress myself I am unable to wash or dress myself I have no problems doing my usual activities I have moderate problems doing my usual activities I have severe problems doing my usual activities I have no pain or discomfort I have slight pain or discomfort I have severe pain or discomfort I have severe pain or discomfort I have severe pain or discomfort		I have slight problems walking
SELF-CARE Thay's no problems washing or dressing myself I have slight problems washing or dressing myself I have moderate problems washing or dressing myself I have severe problems washing or dressing myself I have severe problems washing or dressing myself I have severe problems washing or dressing myself I have no problems doing my usual activities I have slight problems doing my usual activities I have moderate problems doing my usual activities I have severe problems doing my usual activities I have moderate problems doing my usual activities I have severe problems doing my usual activities I have moderate pain or discomfort I have slight pain or discomfort I have severe pain or discomfort I have severe pain or discomfort		
SELF-CARE Thave no problems washing or dressing myself I have slight problems washing or dressing myself I have moderate problems washing or dressing myself I have severe problems washing or dressing myself I am unable to wash or dress myself I am unable to wash or dress myself I have no problems doing my usual activities I have slight problems doing my usual activities I have moderate problems doing my usual activities I have severe problems doing my usual activities I have severe problems doing my usual activities I have no pain or discomfort I have no pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort		I have severe problems walking
dressing myself I have slight problems washing or dressing myself I have moderate problems washing or dressing myself I have severe problems washing or dressing myself I am unable to wash or dress myself I am unable to wash or dress myself I have no problems doing my usual activities I have slight problems doing my usual activities I have moderate problems doing my usual activities I have severe problems doing my usual activities		I am unable to walk
I have slight problems washing or dressing myself I have moderate problems washing or dressing myself I have severe problems washing or dressing myself I have severe problems washing or dressing myself I am unable to wash or dress myself I have no problems doing my usual activities I have slight problems doing my usual activities I have moderate problems doing my usual activities I have severe problems doing my usual activities I have no pain or discomfort I have no pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort I have severe pain or discomfort	SELF-CARE	
or dressing myself I have moderate problems washing or dressing myself I have severe problems washing or dressing myself I am unable to wash or dress myself I have no problems doing my usual activities I have slight problems doing my usual activities I have moderate problems doing my usual activities I have severe problems doing my usual activities I have severe problems doing my usual activities I have severe problems doing my usual activities I have no pain or discomfort I have no pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort I have severe pain or discomfort I have severe pain or discomfort	Co	V . (A
usual activities I have slight problems doing my usual activities I have severe problems doing my usual activities I have severe problems doing my usual activities I have severe problems doing my usual activities I am unable to do my usual activities I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort I have severe pain or discomfort	\sim (
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usual activities I have slight problems doing my usual activities I have severe problems doing my usual activities I have severe problems doing my usual activities I have severe problems doing my usual activities I am unable to do my usual activities I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort I have severe pain or discomfort		
usual activities I have slight problems doing my usual activities I have severe problems doing my usual activities I have severe problems doing my usual activities I have severe problems doing my usual activities I am unable to do my usual activities I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort I have severe pain or discomfort		
usual activities I have slight problems doing my usual activities I have severe problems doing my usual activities I have severe problems doing my usual activities I have severe problems doing my usual activities I am unable to do my usual activities I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort I have severe pain or discomfort		
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usual activities I have slight problems doing my usual activities I have severe problems doing my usual activities I have severe problems doing my usual activities I have severe problems doing my usual activities I am unable to do my usual activities I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort I have severe pain or discomfort	4, "is b.	myself
I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort	USUAL ACTIVITIES	I have no problems doing my
I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort I have severe pain or discomfort		
I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort I have severe pain or discomfort	, 5° , 10	
I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort I have severe pain or discomfort		
I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort		-
I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort	0 ×0	I have severe problems doing my
I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort		
I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort		-
I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort		
I have moderate pain or discomfort I have severe pain or discomfort	PAIN / DISCOMFORT	I have no pain or discomfort
discomfort I have severe pain or discomfort		I have slight pain or discomfort
I have severe pain or discomfort		
I have extreme pain or (•
discomfort		
ANXIETY / DEPRESSION I am not anxious or depressed	ANXIETY / DEPRESSION	I am not anxious or depressed
. 0		. 0

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<u> </u>	
	I am slightly anxious or
	depressed
	I am moderately anxious or
	depressed
	I am severely anxious or
	depressed
	I am extremely anxious or
	depressed
Your health today	

Donot submit to Medidata Rave

Form: PROMIS Fatigue Short Form 7a Patient Responses

FORM_OID	
In the past 7 days	
How often did you feel tired?	Never
	Rarely
	Sometimes
	Often
	Always
How often did you experiece extreme exhaustion?	Never
	Rarely
	Sometimes
	Often
How often did you run out of energy? How often did your fatigue limit you at work (include work at	Always
How often did you run out of energy?	Never
	Rarely
	Sometimes
8, 4,00	Often
W to rec	Always
How often did your fatigue limit you at work (include work at	Never
How often did your fatigue limit you at work (include work at home)?	Rarely
	Sometimes
A STATE	Often
LO EL	Always
How often were you too tired to think clearly?	Never
	Rarely
	Sometimes
	Often
	Always
How often were you too tired to take a bath or shower?	Never
	Rarely
	Sometimes
	Often
	Always
How often did you have enough energy to exercise strenuously?	Never
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•
Rarely
Sometimes
Often
Always
<u>C</u>

Donata entry in a Medidata Rave

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms Form: Transplant Evaluation Form Generated On: 07 Apr 2023 19:36:54

PRODUCTION 04.06.2023 (15421)

FORM_OID	
Form instructions:	
NOTES: This form is intended to capture the process surrounding and it should be filled out by the <i>investigator</i> .	the decision to go to transplant or not,
	Yes, the patient is clinically HCT eligible (continue to question 2) No, not eligible even for reduced intensity conditioning regimen Participant not seen during this assessment period
If patient is not clinically Hematopoietic Cell Transplantation (HC apply):	CT) eligible, select reason (select all that
Older Age	
High burden of co-morbidities	0.
Poor ECOG performance status	
Overall frailty	
Other	
If "other" was checked, please explain	
If other was checked, please explana	Yes, patient was referred for HCT evaluation and HCT was recommended Yes, patient was referred for HCT evaluation however, HCT was not recommended No
If patient was referred for HCT evaluation however, HCT was not (select all that apply):	t recommended, choose the reason
Older Age	
High burden of co-morbidities	
Poor ECOG performance status	
Overall frailty	
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Form: Transplant Evaluation Form Generated On: 07 Apr 2023 19:36:54

Patient preference	
Insurance	
Caregiver absence	
Low risk disease that is followed conservatively with no or minimal intervention	
Patient with low risk disease or high-risk disease receiving another treatment	
Preliminary donor search indicates no appropriate donors available	
Other	
If "other" was checked, please explain	
If patient was not referred for HCT evaluation, select reason (select all that apply):	
Patient preference	
Insurance	
Caregiver absence	
Low risk disease that is followed conservatively with no or minimal intervention	
Patient with low risk disease or high-risk disease receiving another treatment	
Preliminary donor search indicates no appropriate donors available	
Other	
If "other" was checked, please explain	

Form: Cohort Assignment

Generated On: 07 Apr 2023 19:36:54

FORM	

Form instructions:

The eligibility field below will be populated by the system after central pathology review. After eligibility is determined, please navigate back to this form to acknowledge the patient's assignment. Patients in the longitudinal cohort will be followed long term with study visits every 6 months. Patients in the cross-sectional cohort will not have study visits after baseline.

The patient is eligible for the:	Cross	-sectional cohort
	MDS/AML Loa	ngitudinal cohort
	ICUS Lo	ngitudinal cohort
	4.	At-Risk cohort
Please check the box to acknowledge the patient's assignment.	cQ11	
AHIBINDS OF	SataRay	7
Do Rot submit via to		

Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms Form: Rescreening Yes_No Generated On: 07 Apr 2023 19:36:54 FORM OID **Form instructions: NOTE:** Subjects that are not entered in the longitudinal study are eligible to be rescreened for participation in this study if progression of signs or symptoms provides evidence to support a probable diagnosis of MDS, MDS/MPN overlap disorders or ICUS. Since this patient was not assigned to the longitudinal cohort, Do not submit via Medidata Pare Do not submit via Medidata Par they have the option to be rescreened at a later date. If this patient will be rescreened, please complete this form appropriately. Did this patient have progression of signs or symptoms that provide evidence to support a probable diagnosis of MDS, MDS/MPN overlap disorders or ICUS? Will this patient be re-screened on the NHLBI-MDS trial? Yes

Form: Transplant

Date of transplant	
Transplant type	Allogeneic Autologous
CIBMTR ID	



Form: Lost to Follow-Up

FORM_OID	
Patient Lost to Follow-Up	
Was the study participant unable to be contacted for follow-up per defined criteria?	No Yes
Date of last contact	<u> </u>
Methods of Contact	Contact study participant by phone Search medical record Contact study participant's primary care physician Search registries for region
	Contact people listed for study participant Contact study participant by registered or certified letter
Date of most recent attempt	***
Institution Lost to Follow-up	
Has the <u>site</u> stopped participating in this ECOG-ACRIN study? Date <u>site</u> stopped participating	No Yes
Date site stopped participating Reason site stopped participating Study Participant Found	IRB terminated study Site dissolved / no longer conducting clinical studies Budgetary reasons Other
Study Participant Found	
Was a study participant previously deemed lost to follow-up able to be contacted?	No Yes
Date most recent contact	
Lost to Follow-Up Internal Review	
Study participant lost to follow-up approved?	No Yes
Date of Approval	<u> </u>

Form: Withdrawal of Consent	
Generated On: 07 Apr 2023 19:36:54	
FORM_OID	
SECTION I. Clinical Withdrawal of Consent.	
Please complete this form on behalf of your patient whenever y participate in the study.	your patient withdraws consent to
<u>Clinical Withdrawal of Consent</u> occurs when patient withdraw and does not wish future medical information to be used in reso	
	No
The patient withdraws consent to participate further in study does not wish FUTURE medical information to be used in research.	ana Yes
Date study participant withdrew clinical consent	
SECTION II. Changing of Participation in Biological Specime Option 1 is chosen if a patient wishes to discontinue any future previously collected but not submitted should be submitted, but Specimens previously submitted will be used as the patient original patients of the patient of the submitted will be used as the patient or the submitted will be used as the sub	e specimen collection. Specimens which were it no future collections will be made.
(Option 1) Patient withdraws consent to all further specimen collection.	Yes No Yes
Date of amended consent	
Option 2 is chosen if the consent was reported incorrectly at the requesting destruction of previously submitted samples.	e time of patient registration or the patient is
Documentation must be uploaded. Examples of appropriate do original consent, a registration checklist with the information is or written request for destruction of available samples that have	ndicating corrections and date of correction,
~O ~A	No
(Option 2) Patient is changing ORIGINAL consent.	Yes
Date of amended consent	
Reason for change	Information provided at
-	registration incorrect
	Patient consent change - Written
	Reconsent Patient consent change -
	Withdrawal (verbal or written)
Upload Documentation of specific changes	
Clinical Withdrawal of Consent Internal Review	
Clinical withdrawal of consent approved?	No
	Yes
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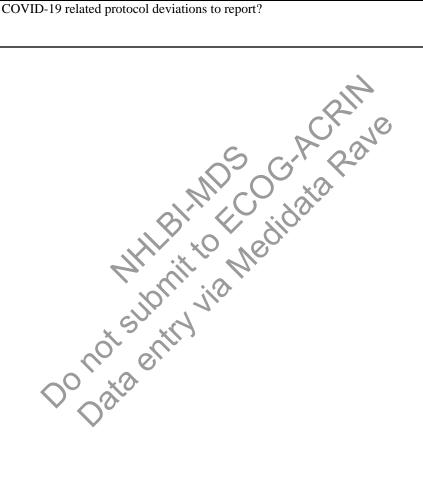
Form: Withdrawal of Consent

Date of approval	
Specimen Change of Participation Internal Review	
Specimen change of participation approved?	No
	Yes
Date of approval	



Form: COVID-19 Trigger Form Generated On: 07 Apr 2023 19:36:54

FORM_OID	
Was the participant in contact with someone who tested positive for	No
the novel corona virus SARS-CoV-2 that causes COVID-19?	Yes
Was the participant tested for COVID-19?	No
	Yes
Were there any COVID-19 related protocol deviations to report?	No
	Yes



Version 14.00 pushed to PRODUCTION 04.06.2023: All Forms Form: Coronavirus Disease 2019 (COVID-19) Evaluation Form

Generated On: 07 Apr 2023 19:36:54

FORM_OID	

INSTRUCTIONS: This form is intended to capture the COVID-19 status of the patient.

* A patient can be considered 'recovered' if they have had no fever for at least 72 hours (without the use of medicine that reduces fevers), and other symptoms have improved, and it has been at least 7 days since their symptoms first appeared.

Test date	
Type of test	PCR (specify)
	Serological (specify)
	Other (specify)
Specify type of test	
Result	Negative Positive
Outcome (If Positive)*	Recovering or Resolving Recovered or Resolved
	Recovered or Resolved with Sequelae Fatal
	Unknown
Did the patient receive treatment in response to a infection	COVID-19 No Yes
Was the patient hospitalized as a result of COVID	
0 x0	Yes
Duration of hospitalazation (in days)	
Day of death	

Form: COVID-19 Medication Form Generated On: 07 Apr 2023 19:36:54

FORM_OID	
Medication name	
Medication start date	
Medication stop date	



Form: COVID-19 Deviation Log Generated On: 07 Apr 2023 19:36:54

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Please Note:

Protocol requirements conducted by a Local Healthcare Provider on an intermittent/short-term basis <u>as</u> <u>specified by the protocol</u> under oversight of a Responsible Investigator do NOT need to be reported as protocol deviations

All Minor Deviations need to be reported to EA. EA will report all minor deviations to the CIRB at the time of next annual review of the protocol. Please report all deviations to the local IRB per local policy

Type of Deviation	Late or Missed Study Lab
	Late or Missed Correlative Lab
	Late or Missed Study Procedure
	Late or Missed QOL/PRO
	Cycle treatment given early
	Cycle treatment given late
	Cycle treatment missed
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Missed Study Visit
W 10	Phone or Virtual Visit
	Informed Consent
Reason for Deviation	Other
Reason for Deviation	Diagnosis of COVID-19
X'S XIA	Suspected COVID-19 Infection
2000	Travel Restrictions
~O`*?	Participant Decision
	Physician Decision
	Institutional Resource
	Restrictions
	Other
Start Date	
End Date	
Brief Summary of Deviation (Please indicate Cycle or Vis	it at which
the deviation occurred)	
Notified	No
CIRB	Yes
For Major Deviation	
Date CIRB notified of Major Deviation	
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Notified Local IRB for Major Deviation	No
	Yes
Date Local IRB notified of Major Deviation	

