TLC Trial Form RETREAT.05
Retreatment

Center ID: ____ - ____

Study ID: T____ ____ ____ ____ - ____

Date of retreatment phone call ____ ____/____ ____/____ ____

INSTRUCTIONS: *Record the child's height and weight as obtained at the previous TLC Treatment Visit (T3 or T7) before calling the Data Coordinating Center at 1-800-833-4784. DCC staff will report the BSA, BSA class, treatment regimen and assign Study Drug Bottle number(s).*

RETREATMENT INFORMATION

Please have the following information ready when you call the DCC.

1. **Treatment round just completed** ( )$_1$ First ( )$_2$ Second

2. **Date of birth** ___ ___ / ___ ___ / ___ ___ *mm/dd/yy*

3. **Date of most recent blood draw for CDC PbB** ___ ___ / ___ ___ / ___ ___ *mm/dd/yy*

4. **Length/Height** ___ ___ ___ . ___ cm

5. **Weight** ___ ___ . ___ ___ kg

   --*OR*-- ____ ____ lb ____ ____ oz

TREATMENT REGIMEN

6. **Body surface area** 0 . ___ ___ ___

7. **BSA class**
   ( )$_A$ 0.357 - 0.428
   ( )$_B$ 0.429 - 0.499
   ( )$_C$ 0.500 - 0.523
   ( )$_D$ 0.524 - 0.618
   ( )$_E$ 0.619 - 0.642
   ( )$_F$ 0.643 - 0.713

8. **Days 1 - 7** ___ - ___ - ___

9. **Days 8 - 26** ___ - ___

10. **Study drug bottle number** ___ ___ ___ ___

    ___ ___ ___ ___ *A second bottle will be required for children in BSA class F.*

ADMINISTRATIVE MATTERS

11. **TLC Staff** _____ ____ - ____ ____ ____ ____

    Signature *TLC Code*

COMMENTS

Send to:
TLC Data Coordinating Center