

## A-STAR: Safety Tests

Patient Study ID:

Initials:

### Encounter

Visit date           (DD-MMM-YYYY)

Visit Number  or Baseline

### Investigations performed: Please enter the values directly in the eCRF

**Full blood count** Test performed:  Yes  No  
Date:

**Lipid profile** Test performed:  Yes  No  
 Date as above *Or specify:*  
Date:

**Liver profile** Test performed:  Yes  No  
 Date as above *Or specify:*  
Date:

**Renal profile** Test performed:  Yes  No  
 Date as above *Or specify:*  
Date:

**Creatine Phosphokinase level** Test performed:  Yes  No  
 Date as above *Or specify:*  
Date:

**Procollagen level** Test performed:  Yes  No  
 Date as above *Or specify:*  
Date:

**TPMT level (for AZA patients)** Test performed:  Yes  No  
 Date as above *Or specify:*  
Date:

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Initials: | | | | |

<b>Total IgE level</b>	Test performed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date as above <i>Or specify:</i> Date:
<b>Pregnancy test</b>	Test performed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date as above <i>Or specify:</i> Date:
<b>Virology</b>	Test performed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date as above <i>Or specify:</i> Date:                    If yes, type of Virology test taken:  VZV: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date as above <i>Or specify:</i> Date:                    Hepatitis B serology: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date as above <i>Or specify:</i> Date:                    Hepatitis C serology: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date as above <i>Or specify:</i> Date:                    HIV serology: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date as above <i>Or specify:</i> Date:

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Other virology test:  Yes  No

If yes, please specify:

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Date: