



PISCES

Entry Form/Checklist

Centre Number

Patient ID

Principal Investigators Name

Gender Male Female

Date of Birth [DD/MM/YY]

Baseline BP at Entry

Has the patient stuttering priapism ? YES NO

Has the patient leaflet been given ? YES NO

Has written consent been obtained ? YES NO

Randomisation Completed ? YES NO

Has Phase **A** Diary been given ? YES NO

Date Phase **A** Diary given

Has Phase **B** Diary been given ? YES NO

Date Phase **B** Diary given

Date started drugs allocated

Guthrie Card blood sample taken ? YES NO

Genotype confirmed ? YES NO

TYPE Hb



PISCES DIARY CHECKS

PHASE A

	Date	Signed	BP
Week 1 (Entry)			
Week 6			
Week 12			
Week 18			
Week 24			

PHASE B

	Date	Signed	BP
Week 30			
Week 36			
Week 42			
Week 48			
Week 52			
Diary sent to Central Office		YES	NO