

**HEMO Study Form 12. Re-Enrollment of a Previously Excluded Patient**

This form is to be completed for patients who were excluded for any reason with Form 22 during a prior Baseline and will now be re-enrolled. The Date of Request for re-enrollment must be at least three months (calendar months; e.g., February 22 to May 22 = three months) from the patient's Exclusion Date. The Exclusion Date is defined as either the day the Form 22 was entered into the database or one day after the patient's 14-week Baseline window expired, whichever comes first.

- 1. Patient Identification Number..... \_\_\_\_\_
- 2. Name Code ..... \_\_\_\_\_
- 3. Date of Request for Re-Enrollment ..... \_\_\_/\_\_\_/\_\_\_\_\_
- 201. Date this form completed ..... \_\_\_/\_\_\_/\_\_\_\_\_
- 202. Certification number of person completing this form ..... \_\_\_\_\_

Clinical Center Use Only	
Data Form Entered ___/___/_____	Verified? _____
Person Entering this Form _____	