INSTRUCTIONS: Complete this form only if the patient misses >6 consecutive doses of study drug or when the study drug is stopped prior to the Glenn surgery.

Section A: KEY IDENTIFYING INFORMATION

A1.   Study Identification Number   ___ ___ - ___ ___ ___ ___ ___ - ___

Replaced by blinded ID

blind_id	Blinded ID

A2.   Acrostic Identifier   ___ ___ ___ ___ ___

Removed to protect privacy

A3.   Date of form completion   ___ ___ / ___ ___ / ___ ___ ___ ___
                                              M   M   D   D   Y   Y   Y   Y

Replaced by age at form completion

comp_age	A3. <created var>Age at form completion, days

A4.   Name of person completing form   _____   ___ ___ ___
                                                      PRINT FULL NAME   INITIALS

Removed to protect privacy

A5.   Stop number   ___ ___   (Enter number of times patient has temporarily stopped study drug: first stop=1, second stop=2…)

DRSTOPN	A5. Stop Number

Section B: STUDY DRUG AND ADMINISTRATION

B1.   Date study drug stopped <u>temporarily</u>   ___ ___ / ___ ___ / ___ ___ ___ ___
                                                              M   M   D   D   Y   Y   Y   Y

Replaced by age when drug stopped temporarily

drstop_age	B1. <created var>Age at temporary stop of study drug, days

B2. Primary reason study drug stopped
   <u>temporarily</u>

GLENN SHUNT SURGERY 1

HYPOTENSION 2

HYPOXIA 3

VOMITING 4

ACUTE ILLNESS 5

NPO STATUS 6

RENAL DYSFUNCTION 7

OTHER 99

STOPREAS	B2. Primary reason study drug stopped temporarily

a. Specify other _____

STPRSN_S	B2a. Specify other

B3. Last study drug dose <u>prescribed</u>   ___ **.** ___ ___ ___ mg/kg/dose

LDOSERX	B3. Last study drug dose prescribed, mg/kg/dose

B4. Last study drug dose <u>administered</u>   ___ **.** ___ ___ mg bid

LDOSEADM	B4. Last study drug dose administered, mg bid