TIP Aim 2	<b>2</b> Version: 1	ΓΙΡ Aim2 (2015	5-05-18) <b>Tra</b>	anscription D	Date : Day	Month	/ Year	Nurse Ir	nitials :	STUDY II	D:	
Visit 1 Date Day Month Year	Imi Vit B12 O Yes O No O Unknown	If YES, number of injections since last visit?	Folic Acid O Yes O No O Unknown	Oral Iron O Yes O No O Unknown	If Yes, type O Ferrous sulphate O Ferrous fumarate O Unknown	OOD	•	Iron Compliant O Yes O No O Unknown O Iron Not Available	IVI Iron O Yes O No O Unknown	/f Yes, Day Month Year	Transfusion O Yes O No O Unknown	If Yes,  Day Month Year  number of units
Visit 2 Date  Day Month Year	Imi Vit B12 O Yes O No O Unknown	If YES, number of injections since last visit?	Folic Acid O Yes O No O Unknown	Oral Iron O Yes O No O Unknown	If Yes, type O Ferrous sulphate O Ferrous fumarate O Unknown	OOD	•	Iron Compliant O Yes O No O Unknown O Iron Not Available	IVI Iron O Yes O No O Unknown	/f Yes, Day Month Year	Transfusion O Yes O No O Unknown	If Yes,  Day Month Year  number of units
Visit 3 Date  Day Month Year	Imi Vit B12 O Yes O No O Unknown	If YES, number of injections since last visit?	Folic Acid O Yes O No O Unknown	Oral Iron O Yes O No O Unknown	If Yes, type O Ferrous sulphate O Ferrous fumarate O Unknown	OOD	mg O TDS O dose unkn	Iron Compliant O Yes O No O Unknown O Iron Not Available	IVI Iron O Yes O No O Unknown	If Yes, Day Month Year	Transfusion O Yes O No O Unknown	If Yes,  Day Month Year  number of units
Visit 4 Date Day Month Year	Imi Vit B12 O Yes O No O Unknown	If YES, number of injections since last visit?	Folic Acid O Yes O No O Unknown	Oral Iron O Yes O No O Unknown	If Yes, type O Ferrous sulphate O Ferrous fumarate O Unknown	OOD	mg O TDS O dose unkn	Iron Compliant O Yes O No O Unknown O Iron Not Available	IVI Iron O Yes O No O Unknown	/f Yes, Day Month Year	Transfusion O Yes O No O Unknown	If Yes,  Day Month Year  number of units
Visit 5 Date	Imi Vit B12	If YES, number of injections since last visit?	Folic Acid O Yes	Oral Iron O Yes	If Yes, type O Ferrous sulphate	Dose	mg	Iron Compliant O Yes	IVI Iron O Yes	If Yes,	Transfusion O Yes	If Yes,



Day

O No

O Unknown

Year

Month

O No

O No

O Unknown

O BD O dose unkn

O Ferrous fumarate O OD O TDS

O Unknown

O No

O Unknown

O Iron Not Available

O No

O Unknown

Day

O No

O Unknown

Day

Month

number of units

Year

Year

Month

											STUDY ID	:	
Visit 6 Date Day Month Year	Imi Vit B12 O Yes O No O Unknown	If YES, number of injections since last visit?	Folic Acid O Yes O No O Unknown	Oral Iron O Yes O No O Unknown	If Yes, type O Ferrous sulphate O Ferrous fumarate O Unknown		mg O TDS O dose unkn	Iron Compliant O Yes O No O Unknown O Iron Not Available	IVI Iron O Yes O No O Unknown	/f Yes, Day Mor	th Year	Transfusion O Yes O No O Unknown	If Yes,  Day Month Year  number of units
Visit 7 Date Day Month Year	Imi Vit B12 O Yes O No O Unknown	If YES, number of injections since last visit?	Folic Acid O Yes O No O Unknown	Oral Iron O Yes O No O Unknown	If Yes, type O Ferrous sulphate O Ferrous fumarate O Unknown		mg O TDS O dose unkn	Iron Compliant O Yes O No O Unknown O Iron Not Available	IVI Iron O Yes O No O Unknown	<i>If Yes,</i> □□□ / □□ Day Mor	th Year	Transfusion O Yes O No O Unknown	If Yes,  Day Month Year  number of units
Visit 8 Date Day Month Year	Imi Vit B12 O Yes O No O Unknown	If YES, number of injections since last visit?	Folic Acid O Yes O No O Unknown	Oral Iron O Yes O No O Unknown	If Yes, type O Ferrous sulphate O Ferrous fumarate O Unknown		mg O TDS O dose unkn	Iron Compliant O Yes O No O Unknown O Iron Not Available	IVI Iron O Yes O No O Unknown	/f Yes, Day Mor	th Year	Transfusion O Yes O No O Unknown	If Yes,  Day Month Year  number of units
Visit 9 Date Day Month Year	Imi Vit B12 O Yes O No O Unknown	If YES, number of injections since last visit?	Folic Acid O Yes O No O Unknown	Oral Iron O Yes O No O Unknown	If Yes, type O Ferrous sulphate O Ferrous fumarate O Unknown		mg O TDS O dose unkn	Iron Compliant O Yes O No O Unknown O Iron Not Available	IVI Iron O Yes O No O Unknown	/f Yes, Day Mor	th Year	Transfusion O Yes O No O Unknown	If Yes,  Day Month Year  number of units
Visit 10 Date Day Month Year	Imi Vit B12 O Yes O No O Unknown	If YES, number of injections since last visit?	Folic Acid O Yes O No O Unknown	Oral Iron O Yes O No O Unknown	If Yes, type O Ferrous sulphate O Ferrous fumarate O Unknown		mg O TDS O dose unkn	Iron Compliant O Yes O No O Unknown O Iron Not Available	IVI Iron O Yes O No O Unknown	/f Yes, Day Mor	th Year	Transfusion O Yes O No O Unknown	If Yes,  Day Month Year  number of units
324		Fina	al Diagn	osis	O <mark>lron Deficiency</mark>			O <mark>Megalob</mark>	lastic Aner	nia)	a) [ O Other b) [ c) [		
4432	Iron Respor	<b>nse O</b> Oral Opt	timal O IV 0	•	Sub-optimal O No Plateau	Response	[BACK]	Final HIV	Status O	Positive O Cor	nfirmed Negative	O Negative N	lot Retested