

**IMACS FORM 12: TRIAL STATUS**

Subject's IMACS number \_\_\_\_\_

Assessor \_\_\_\_\_

Date of assessment (mm/dd/yy) \_\_\_\_\_

Assessment number \_\_\_\_\_

**PATIENT STATUS IN THE TRIAL/STUDY**

At this time in the trial, this patient is receiving:

- Standard of Care medications (for natural history study)
- Placebo
- Study Drug
- Comparator agent (active comparator trial)
- Study Drug Arm 1 (cross over trial)
- Study Drug Arm 2 (cross over trial)
- Other: Specify: \_\_\_\_\_

If the patient is enrolled in a therapeutic trial (not natural history study): the study medication(s) they are receiving at this time is/are:

Trial Medication 1: \_\_\_\_\_

And the dose is: \_\_\_\_\_ mg mg/kg mg/m<sup>2</sup> U U/kg (circle one unit or provide another)

Trial Medication 2: \_\_\_\_\_

And the dose is: \_\_\_\_\_ mg mg/kg mg/m<sup>2</sup> U U/kg (circle one unit or provide another)