

**Comparison of Ideal vs. Actual Weight Based
Factor Dosing in Hemophilia A
Subject Information Form**

Today's date (mm/dd/yyyy): _____ / _____ / _____

Patient Contact Information					
Last:		First:		MI:	
Street:				DOB:	/ /
				Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell
City:				()	
State:		Zip:			
Email address:					

Consent/HIPAA date (mm/dd/yyyy): _____ / _____ / _____

Was a copy of the signed Informed Consent and HIPAA Authorization supplied to Participant?

Yes N/A

Was the subject allowed an opportunity to ask all of their questions?

Yes No

Please list any important questions and follow-up below:

Factor Product: _____

Factor Type: Standard Half-life Extended Half-life

Study Personnel Signature

Date