A-STAR: Safety Tests	
Patient Study ID: |___|___|___|___|___|___|	**Initials:** |___|___|___|

Encounter	
Visit date	|__|__| |__|__|__| |__|__|__|__| (DD-MMM-YYYY)
Visit Number	|__|__| or Baseline |__|__|

Investigations performed: Please enter the values directly in the eCRF	
Full blood count	Test performed: ☐ Yes ☐ No Date: |__|__| |__|__|__| |__|__|__|__|
Lipid profile	Test performed: ☐ Yes ☐ No ☐ Date as above *Or specify*: Date: |__|__| |__|__|__| |__|__|__|__|
Liver profile	Test performed: ☐ Yes ☐ No ☐ Date as above *Or specify*: Date: |__|__| |__|__|__| |__|__|__|__|
Renal profile	Test performed: ☐ Yes ☐ No ☐ Date as above *Or specify*: Date: |__|__| |__|__|__| |__|__|__|__|
Creatine Phosphokinase level	Test performed: ☐ Yes ☐ No ☐ Date as above *Or specify*: Date: |__|__| |__|__|__| |__|__|__|__|
Procollagen level	Test performed: ☐ Yes ☐ No ☐ Date as above *Or specify*: Date: |__|__| |__|__|__| |__|__|__|__|
TPMT level (for AZA patients)	Test performed: ☐ Yes ☐ No ☐ Date as above *Or specify*: Date: |__|__| |__|__|__| |__|__|__|__|

A-STAR: Safety Tests	
Patient Study ID: |___|___|___|___|___|___|	**Initials:** |___|___|___|

Total IgE level	Test performed: ☐ Yes ☐ No ☐ Date as above *Or specify*: Date: |__|__| |__|__|__| |__|__|__|__|
Pregnancy test	Test performed: ☐ Yes ☐ No ☐ Date as above *Or specify*: Date: |__|__| |__|__|__| |__|__|__|__|
Virology	Test performed: ☐ Yes ☐ No ☐ Date as above *Or specify*: Date: |__|__| |__|__|__| |__|__|__|__| If yes, type of Virology test taken: VZV: ☐ Yes ☐ No ☐ Date as above *Or specify*: Date: |__|__| |__|__|__| |__|__|__|__| Hepatitis B serology: ☐ Yes ☐ No ☐ Date as above *Or specify*: Date: |__|__| |__|__|__| |__|__|__|__| Hepatitis C serology: ☐ Yes ☐ No ☐ Date as above *Or specify*: Date: |__|__| |__|__|__| |__|__|__|__| HIV serology: ☐ Yes ☐ No ☐ Date as above *Or specify*: Date: |__|__| |__|__|__| |__|__|__|__|

	Other virology test: ☐ Yes ☐ No If yes, please specify: _____ Date: |__|__||__|__|__||__|__|__|__|