GHD Reversal Trial: Near Final Height Worksheet This form should be completed when the participant is found to have reached near final height (annualised growth velocity of <2cm/year), in conjunction with the GHD Reversal Trial Follow Up Form. Trial Number Participant DOB e.g. JAN-2017 Site Name Assessment Date e.g. 31-JAN-2017 Assessment point (months) Please tick one D D - M M M - Y Y Y ○ 6 ○ 12 ○ 18 ○ 24 ○ 30 ○ 36 42 48 Additional visits after 36 months should only occur if near final height has not been reached. Please contact the GHD Reversal Trial team at BCTU for further information. Has a GH stimulation test been conducted? Please tick one ( ) Yes O No Did the participant discontinue GH therapy at least 6 weeks prior to GH stimulation test? Please tick one No Not receiving GH therapy Date sample taken  $\ e.g.\ 31 ext{-}JAN ext{-}2017$  D D - M M M - Y Y Peak GH μg/L Test used Please tick one Insulin tolerance test Arginine Glucagon Other If 'Other' test has been used, please specify Was the test sex steroid primed? Please tick one ( ) Yes ( ) No Please note: for the purposes of the GHD Reversal Trial, insulin tolerance test, glucagon and arginine are stipulated as the required GH stimulation tests within the protocol Lipid Profile Date sample taken Not done reference mmol/L mg/dL ( ) Yes D - M M M - Y Y ( ) No D - M M M - Y Y Y Fasting total mg/dL Yes mmol/L ) No Completed by (name) This person must be listed on the delegation log PI (or delegate) signature:

Thank you for completing the GHD Reversal Trial Near Final Height Worksheet. Please enter all data onto the participant's electronic case report form:

https://www.trials.bham.ac.uk/GHD

Date form completed e.g. 31-JAN-2017 D D - M M M - Y