

VA COOPERATIVE STUDY #578

Participant ID: _____ - _____

**SOURCE DOCUMENT WORKSHEET FOR
FORM 10: PRE PROCEDURE NON-STUDY IV FLUID**

To be completed by study personnel via medical record review during the initial angiography visit. Once completed, this data should be entered into eDC and this form should be filed in the Participant's Study Binder.

1. Was the participant given any **non-study IV fluid** within the 12 hours prior to the initiation of study IV fluids? **NSIVPreProc** **Blank: -1**

Yes (If yes, specify what type below) **1**

No **2**

What type of non-study IV fluid was the participant given? (Check all that apply.)

2. Saline **SalinePreProc**

3. Sodium bicarbonate **BicarbPreProc**

4. Other **OtherIVPreProc**

(5. Specify other non-study IV fluid type: **OtherIVPreProcSpecify**__)

6. Date form completed: **F10Complete**_____

Signature of person completing the form: _____