

DAC Study Form 367 – QC Committee: “Review of Bleeding Episode” Form

1. Patient Identification Number..... _ _ _ _ _
2. Name Code..... _ _ _ _ _
3. a. Date of transfusion/bleeding episode
(Form 363, Q. 3) _ _ / _ _ / _ _ _ _
b. Date of this review _ _ / _ _ / _ _ _ _
4. Consensus of QC Committee and DCC.....
 1 = Major bleed
 2 = Life-threatening bleed
 3 = Re-classified as neither major nor life-threatening bleed
 4 = Fatal bleed
5. Does the QC Committee think this was related to the patient's randomized drug intervention? (0=no, 1=yes, 9=couldn't tell)..... _
6. Comments of reviewer and any action taken. (Write in as much as you wish. Use back of sheet if necessary.)

201. Date this form completed _ _ / _ _ / _ _ _ _

202. User ID of person completing this form..... _ _ _ _ _

<i>Clinical Center Use Only</i>
Date Form Entered _ _ / _ _ / _ _ _ _
Person Entering this Form _____