



NIDDK

Liver Transplantation Database

CMV STUDY - DOSAGE CHANGE FORM

03/13/1991

COMPLETION LOG

Data Collector ID	_____ - _____
	Center Initials
	DATE
Data Collection	____/____/____
Data Entry	____/____/____
Sysid	_____
Verification	____/____/____
Cleaned	____/____/____
Transfer	____/____/____
	MM DD YY

FORM KEYS

Patient ID _____

Transplant No. _____

Evaluation Timepoint _____

CMV STUDY - DOSAGE CHANGE FORM
 NIDDK Liver Transplantation Database

PATIENT ID _____ - _____

TRANSPLANT NO. _____

I. EVALUATION PERIOD

1. DATE OF EVALUATION ____/____/____
 MM DD YY

2. EVALUATION TIMEPOINT (check one)

___ 1. Week 2 ___ 2. Week 4 ___ 3. Week 6 ___ 4. Month 4

II. STUDY INFORMATION

1. Drug Used (check one) ___ 1. Acyclovir ___ 2. Ganciclovir

III. DOSAGE CHANGE

1. Were there any dosage changes since the last evaluation timepoint? Yes___ No___

IF YES

1.1 Dosage change information

Date of Change	Reason for Change (codes on opposite page)	Specify	Total Daily Dose (mg)	Route (codes on opposite page)
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
MM DD YY		(30 char)		

Reason for Change

1. Infection
2. Protocol
3. Rejection
4. Leukopenia
5. Renal Toxicity
6. Thrombocytopenia
7. Unknown
8. Other Toxicity, specify
9. Other Reason, specify

Route

1. IV
2. po