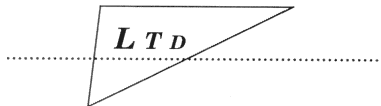


FK



NIDDK

Liver Transplantation Database

FK506 STUDY - DOSAGE CHANGE FORM

02/19/1991

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. _____

FK506 STUDY - DOSAGE CHANGE FORM
NIDDK Liver Transplantation Database

PATIENT ID _____ - _____

TRANSPLANT NO. _____

DATE OF EVALUATION ____/____/____
MM DD YY

To be completed for the evaluation period from **Week 6 to Month 4.**

I. STUDY DRUG USED (check one)

1. Cyclosporine ____ 2. FK506 ____

II. 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 (use codes on opposite page)	Specify	Total Daily Dose (mg)	Route (use codes on opposite page)
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
MM DD YY		(30 char)		

FK506 STUDY - DOSAGE CHANGE FORM
NIDDK Liver Transplantation Database

PATIENT ID _____ - _____

1.1 Dosage change information (continued)

Date of Change	Reason for Change (use codes on opposite page)	Specify	Total Daily Dose (mg)	Route (use 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

Reason for Change

1. Infection
2. Protocol
3. Rejection
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9. Other Reason, specify

Route

1. IV
2. po