



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 \_\_\_\_\_

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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)		

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PATIENT ID \_\_\_\_\_ - \_\_\_\_\_

III. COMMENTS Yes\_\_ No\_\_

IF YES

(60 char/line)

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