



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)		





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

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2. Protocol
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