

PEDS-C Screening Visit 2 Form

PDC 03
Rev 0
11/27/2004
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2372

Please Use Black Pen To Fill Out Form.

Week # <i>week</i>	Date of Assessment <i>assessdft</i>	Patient ID <i>idn</i>	Patient Letter Code <i>letcode</i>	<i>corrfix</i> Correction
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Instructions

Use this form to indicate which blood samples were drawn at SV2. All screening visit assessments must be obtained 1 to 35 days before the Baseline Visit.

Physical Exam

1. List of laboratory tests ordered at Screening Visit 2.

CRA Use Only

	Done	Unable to obtain	
A. Immunology:	<input type="radio"/>	<input type="radio"/>	<i>immntstsv2</i>
B. Hematology:	<input type="radio"/>	<input type="radio"/>	<i>hmtotstsv2</i>
C. PT / PTT:	<input type="radio"/>	<input type="radio"/>	<i>pttstsv2</i>
D. Chemistry / Pregnancy:	<input type="radio"/>	<input type="radio"/>	<i>chemtstsv2</i>
E. HCV - RNA:	<input type="radio"/>	<input type="radio"/>	<i>hcvtstsv2</i>
F. Thyroid function:	<input type="radio"/>	<input type="radio"/>	<i>thyrstsv2</i>
G. HCV genotyping:	<input type="radio"/>	<input type="radio"/>	<i>hcvgntstsv2</i>
H. Serum bank:	<input type="radio"/>	<input type="radio"/>	<i>sermtstsv2</i>
I. Urinalysis:	<input type="radio"/>	<input type="radio"/>	<i>urintstsv2</i>

Signature: _____

Certif. #: *staffid1* [][] - [][][]