

A1. Site/Study ID #: _____ / _____ A2. Discharge Date: _____ / _____ / _____
Month Day Year

A3. Staff Initials: _____

To DCC

SECTION E: Wound healing

E2. Diagnosis: ZBEE02DI V2(300) _____ Date (mm/dd): ZBEE02MM V2(2)/ ZBEE02DD V2(2)/ ZBEE02DT

E3. Separation >25% of wound length ZBEE03SE V2(2) 1. No 2. Yes

E4. Any fascial dehiscence ZBEE04FD V2(2) 1. No → **Go to E5** 2. Yes

a. Complete fascial dehiscence ZBEE04AC V2(2) 1. No 2. Yes

E5. Prolonged hospitalization ZBEE05PH V2(2) 1. No 2. Yes → **Complete SAE Form 45**

E6. Surgical intervention in operating room required 1. No ZBEE06SI V2(2) 2. Yes

If study medication is still being given:

E7. Dose reduction of study medication implemented 1. No ZBEE07RM V2(2) 2. Yes Date (mm/dd): ZBEE07MM V2(2)/ ZBEE07DD V2(2)/ ZBEE07DT

E8. Study medication tapered for discontinuation ZBEE08SM V2(2) 1. No 2. Yes → Date (mm/dd) ZBEE08MM V2(2)/ ZBEE08DD V2(2)/ ZBEE08DT

Investigator Signature: ZBEINSIG V2(2) _____ Date: ZBESIGMM V2(2)/ ZDBSIGDD V2(2)/ ZBESIGYY V2(4)/ ZBESIGDT
Month Day Year

ZBECMMNT V2(800) Comment