

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

A3. Staff Initials: _____

To DCC

SECTION F: Gastrointestinal Bleeding

F1. Date (mm/dd): ZFBF01MM V2(2)/ ZFBF01DD V2(2)/ ZFBF01DT _____ / _____

F2. Hematochezia ZFBF02HE V2(2) 1. No 2. Yes

F3. Melena ZFBF03ME V2(2) 1. No 2. Yes

F4. Hematemesis ZFBF04HE V2(2) 1. No 2. Yes

F5. Hemoglobin ZFBF05HE V2(10) _____ . _____ g/dl ZFBF05ND V2(2) 8. ND

F6. Hematocrit ZFBF06HE V2(10) _____ . _____ % ZFBF06ND V2(2) 8. ND

F7. Intervention necessary ZFBF07IN V2(2) 1. No → **Go to F11** 2. Yes

F8. Was medication started ZFBF08ME V2(2) 1. No 2. Yes → Date (mm/dd) ZFBF08MM V2(2)/ ZFBF08DD V2(2)/ ZFBF08DT

a. Specify medication: ZFBF08AS V2(300) _____

F9. Packed red blood cell transfusion given ZFBF09TR V2(2) 1. No 2. Yes → Date (mm/dd): ZFBF09MM V2(2)/ ZFBF09DD V2(2)/ ZFBF09DT

F10. Endoscopic intervention occurred ZFBF10EI V2(2) 1. No 2. Yes → Date (mm/dd): ZFBF10MM V2(2)/ ZFBF10DD V2(2)/ ZFBF10DT

F11. Hemoglobin less than 6.5 g/dl ZFBF11HE V2(2) 1. No 2. Yes 8. ND

F12. Hypotension occurred ZFBF12HO V2(2) 1. No 2. Yes

F13. Blood pressure ZFBF13SY V2(10)/ ZFBF13DI V2(10)/ _____ mmHg

If study medication is still being given:

F14. Dose reduction of study medication implemented 1. No ZFBF14DR V2(2) 2. Yes Date (mm/dd): ZFBF14MM V2(2)/ ZFBF14DD V2(2)/ ZFBF14DT

F15. Study medication tapered for discontinuation 1. No ZFBF15SM V2(2) 2. Yes Date (mm/dd): ZFBF15MM V2(2)/ ZFBF15DD V2(2)/ ZFBF15DT

F16. Other repeated hemoglobin / hematocrit levels (when clinically indicated) ZFBF16ND V2(2) 8. ND

a. Repeat hemoglobin level: ZFBF16AH V2(10) _____ gm/dl Date (mm/dd): _____ / ZFBF16AMM V2(2) / ZFBF16ADD V2(2) / ZFBF16ADT

b. Repeat hematocrit level: ZFBF16BH V2(10) _____ % Date (mm/dd): ZFBF16BMM V2(2) / ZFBF16BDD V2(2) / ZFBF16BDT

c. Repeat hemoglobin level: ZFBF16CH V2(10) _____ gm/dl Date (mm/dd): ZFBF16CMM V2(2) / ZFBF16CDD V2(2) / ZFBF16CDT

d. Repeat hematocrit level: ZFBF16DH V2(10) _____ % Date (mm/dd): _____ / ZFBF16DMM V2(2) / ZFBF16DDD V2(2) / ZFBF16DDT

Investigator Signature: ZFBINSIG V2(2) _____ Date: ZFBSIGMM V2(2)/ ZFBSIGDD V2(2)/ ZFBSIGYY V2(4)/ ZFBSIGDT
 Month Day Year

ZFBCMMNT V2(800) Comment