Site: __ __ __ __ Screening ID: __ __ __ __ - __ Rand. Number: __ __ __ __ Letters: __ __ __

Complete this form during each infusion visit.

A. VISIT INFORMATION

1. Visit Date: __ __ / __ __ __ / __ __ __ __ (DAY / MONTH / YEAR)

2. Visit Number: ☐ 2 Baseline (Week 0) *Dose 1* ☐ 3 Week 1 *Dose 2* ☐ 4 Week 2 *Dose 3* ☐ 5 Week 3 *Dose 4* ☐ 99 Other

If OTHER, a. Specify: _____

B. VITAL SIGNS

	Blood Pressure a. Systolic:	Blood Pressure b. Diastolic:	c. Temperature:	d. Heart rate:	e. Respiratory rate:
1. Pre-Infusion Time: __ __ : __ __ *(24 hour clock)*	__ __ __ mm Hg	__ __ __ mm Hg	__ __ . __ ºC or __ __ __ . __ ºF	__ __ __ bpm	__ __ __ breaths/min
2. 15 min. Time: __ __ : __ __	__ __ __ mm Hg	__ __ __ mm Hg	__ __ . __ ºC or __ __ __ . __ ºF	__ __ __ bpm	__ __ __ breaths/min
3. 30 min Time: __ __ : __ __	__ __ __ mm Hg	__ __ __ mm Hg	__ __ . __ ºC or __ __ __ . __ ºF	__ __ __ bpm	__ __ __ breaths/min
4. 60 min Time: __ __ : __ __	__ __ __ mm Hg	__ __ __ mm Hg	__ __ . __ ºC or __ __ __ . __ ºF	__ __ __ bpm	__ __ __ breaths/min
5. 2 hours Time: __ __ : __ __	__ __ __ mm Hg	__ __ __ mm Hg	__ __ . __ ºC or __ __ __ . __ ºF	__ __ __ bpm	__ __ __ breaths/min
6. 3 hours Time: __ __ : __ __	__ __ __ mm Hg	__ __ __ mm Hg	__ __ . __ ºC or __ __ __ . __ ºF	__ __ __ bpm	__ __ __ breaths/min
7. 4 hours Time: __ __ : __ __	__ __ __ mm Hg	__ __ __ mm Hg	__ __ . __ ºC or __ __ __ . __ ºF	__ __ __ bpm	__ __ __ breaths/min
8. 5 hours Time: __ __ : __ __	__ __ __ mm Hg	__ __ __ mm Hg	__ __ . __ ºC or __ __ __ . __ ºF	__ __ __ bpm	__ __ __ breaths/min
9. 6 hours Time: __ __ : __ __	__ __ __ mm Hg	__ __ __ mm Hg	__ __ . __ ºC or __ __ __ . __ ºF	__ __ __ bpm	__ __ __ breaths/min
10. 7 hours Time: __ __ : __ __	__ __ __ mm Hg	__ __ __ mm Hg	__ __ . __ ºC or __ __ __ . __ ºF	__ __ __ bpm	__ __ __ breaths/min
11. 8 hours Time: __ __ : __ __	__ __ __ mm Hg	__ __ __ mm Hg	__ __ . __ ºC or __ __ __ . __ ºF	__ __ __ bpm	__ __ __ breaths/min
12. End of Infusion Time: __ __ : __ __	__ __ __ mm Hg	__ __ __ mm Hg	__ __ . __ ºC or __ __ __ . __ ºF	__ __ __ bpm	__ __ __ breaths/min
13. 1 hr. Post-Infusion Time: __ __ : __ __	__ __ __ mm Hg	__ __ __ mm Hg	__ __ . __ ºC or __ __ __ . __ ºF	__ __ __ bpm	__ __ __ breaths/min

Initials (first, middle, last) of person completing this form: __ __ __ (F M L)

Date form completed: __ __ / __ __ __ / __ __ __ __ (DAY / MONTH / YEAR)

On all questions write "?" if the desired information is currently unavailable, but is being checked and will be known in future updates. Write "" if the desired information is permanently unavailable (i.e. will not be known in any future updates).*

Site: __ __ __ __ Screening ID: __ __ __ __ - __ Rand. Number: __ __ __ __ Letters: __ __ __

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