

Protocol # TN10 - Anti-CD3 Prevention

|                 |  |                       |  |
|-----------------|--|-----------------------|--|
| Participant ID: |  | Date of Registration: |  |
| Local ID:       |  | Letters:              |  |
| Status:         |  |                       |  |
| Site:           |  |                       |  |

**Interim Medical History**

\* These fields are required in order to SAVE the form

\* These fields are required in order to COMPLETE the form

**Date of Visit:** \*   ▾ [Date](#)

**Interviewer User ID:** \*

**A. Review of Systems**

Have there been any changes in your health since the last visit?  Yes  No

Record whether there are any abnormalities in the following systems review:

|                     | <b>Findings</b>  | <b>If abnormal, explain</b> |
|---------------------|--|-----------------------------|
| a. Psychiatric      | <input type="radio"/> Normal<br><input type="radio"/> Abnormal<br><input type="radio"/> Not Assessed | <input type="text"/>        |
| b. Neurologic       | <input type="radio"/> Normal<br><input type="radio"/> Abnormal<br><input type="radio"/> Not Assessed | <input type="text"/>        |
| c. Respiratory      | <input type="radio"/> Normal<br><input type="radio"/> Abnormal<br><input type="radio"/> Not Assessed | <input type="text"/>        |
| d. Cardiovascular   | <input type="radio"/> Normal<br><input type="radio"/> Abnormal<br><input type="radio"/> Not Assessed | <input type="text"/>        |
| e. Gastrointestinal | <input type="radio"/> Normal<br><input type="radio"/> Abnormal<br><input type="radio"/> Not Assessed | <input type="text"/>        |
| f. Hematopoetic     | <input type="radio"/> Normal<br><input type="radio"/> Abnormal<br><input type="radio"/> Not Assessed | <input type="text"/>        |
| g. Musculoskeletal  | <input type="radio"/> Normal<br><input type="radio"/> Abnormal<br><input type="radio"/> Not Assessed | <input type="text"/>        |

|   |  |                             |
|---|--|-----------------------------|
|   | <input type="radio"/> Normal<br><input type="radio"/> Abnormal<br><input type="radio"/> Not Assessed |                             |
| h. Lymphatic  | <input type="radio"/> Normal<br><input type="radio"/> Abnormal<br><input type="radio"/> Not Assessed |                             |
| i. Endocrine  | <input type="radio"/> Normal<br><input type="radio"/> Abnormal<br><input type="radio"/> Not Assessed |                             |
| j. Genitourinary  | <input type="radio"/> Normal<br><input type="radio"/> Abnormal<br><input type="radio"/> Not Assessed |                             |
| k. Dermatologic   | <input type="radio"/> Normal<br><input type="radio"/> Abnormal<br><input type="radio"/> Not Assessed |                             |
| l. Constitutional Symptoms (eg fever, weight change, fatigue) | <input type="radio"/> Normal<br><input type="radio"/> Abnormal<br><input type="radio"/> Not Assessed |                             |
|   | <b>Findings</b>  | <b>If abnormal, explain</b> |
| m. Other  | <input type="radio"/> Normal<br><input type="radio"/> Abnormal<br><input type="radio"/> Not Assessed |                             |
|   | <input type="button" value="Add"/>   |                             |