Protocol # TN10 - Anti-CD3 Prevention

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	Participant ID:		Date of Registration:	
	Local ID:		Letters:	
	Status:			
	Site:		1 1	
		Study Drug Adminis	stration and Monito	oring
		Page	e: 1 of 3	
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				required in order to SAVE the form
<u> </u>			* These fields are requir	ed in order to COMPLETE the form
Date	e of Visit:	k V	Date	
Inte ID:	rviewer User	k		
A. S	TUDY DRUG ADM	1INISTRATION		
1. W	las IV infusion of	f study drug given?	🔾 Yes 🔍 No	
A	. If NO, indicate	reason:	Subject refuse	d
			Unable to obta	
				ied indications for withholding
			Laboratory Val	
			Other (Specify	
)
Will	this be a permaner	nt change in study drug?	○ Yes ○ No	
E	B. IF YES:			
i.	Premedication			
	Ibuprofen	🔍 Yes 🔍 No	Dose:	mg
	Antihistamine	○ Yes ○ No	Dose:	mg
Othe	er Premedication	Dose (mg)		
Ado				
	. Route of IV acces	is (select one)	 Peripheral IV li Midline 	ne

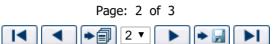
	Other (specify)
iii. Time infusion started iv. Time infusion ended v. Total dose of study drug infused	: (24 hour clock) : (24 hour clock) mcg
Save Print	Close Window

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

Study Drug Administration and Monitoring



	ewer User *
	Visit: * v
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AVE the form	
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B. VITAL SIGNS						
	Time	Blood F	Pressure	Temperature	Heart rate	Resp rate
		Systolic	Diastolic			
	(24 hour clock)	(mmHg)	(mmHg)	°C or °F	(bpm)	(breaths/min)
1. Pre-Infusion	:					
2. Infusion Start Time	•					
3. 15 min after start time	•					
4. 30 min after start time	•					
5. 60 min after start time						
6. 90 min after start time	•					
7. 120 min after start time	•					
8. 150 min after start time	•					
9. Other	•					
		▶ 2 ▼	•			
	Save	Print Cl	ose Window			

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	Local ID:	-					Letters:				
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		S	tudy l	Drug	Admin	istration ar	nd Mon	itoring	J		
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Date	e of Visit:	*		•			as are req	uired in	order t	to COMPLET	E the forn
	rviewer User					Date					
ID:		*									
C. I	NFUSION RELAT	ED	PROBL	.EMS							
	id the subject expo today or since pr				ems since	e receiving stu	ldy	O Yes	O No	Not applicable	Э
If YE	ES, mark the event	t(s) t	oelow tł	nat oc	curred						
Eve	nt					Present	Grad	e (if >2	! recor	d AE Repor	t Form)
Feve	er					• Yes • No				▼	
Rash	ו					• Yes • No				▼	
Fatig	gue/malaise					○Yes ○No				▼	
Dizz	y/light headed					⊖Yes ⊖No				▼	
Naus	sea/vomiting					⊖Yes ⊖No				▼	
Dry	skin					○Yes ○No				▼	
Нуро	otension/ Hyperter	nsion	1			○Yes ○No				▼	
Hot	flushes/flashes					○Yes ○No				▼	
Head	dache					○Yes ○No				▼	
Mya	lgia/flu-like sympto	oms				○Yes ○No				▼	
IV in	nfiltration					⊖Yes ⊖No				▼	
Anap	phylaxis					⊖Yes ⊖No				▼	
Othe	er (specify)					⊖Yes ⊖No				▼	

