

NU2101



Date	Study day	Arrival time	Time of last meal*	Wt kg	5min. Rest start/stop	Inspect inj. Sites time	Time of VS	Pain	T °C	BP (seated)	HR	RR	Time of urine col.	UA dip per order**	Urine preg per order***	Labs draw time	Injection time/location****	Observation complete time	Inspect inj. Site time*****	ECG per orders	Init ials
X	Week 1	x___	x___	x	x___/___		x___	x	x	x	x	x	x___		x	x___	x___	x___	X___		x
X	Week 2	x___	x___	x	x___/___	x___	x___	x	x	x	x	x				x___	x___	X___	X___		x
X	Week 3	x___	x___	x	x___/___	x___	x___	x	x	x	x	x	x___			x___	x___	X___	X___		x
X	Week 4	x___	x___	x	x___/___	x___	x___	x	x	x	x	x	x___	x	x	x___	x___	X___	X___		x
X	Week 4	x___	x___	x	x___/___	x___	x___	x	x	x	x	x	x___			x___	x___	X___	X___		x
X	Week 5	x___	x___	x	x___/___	x___	x___	x	x	x	x	x	x___			x___	x___	X___	X___		x
X	week 5	x___	x___	x	x___/___	x___	x___	x	x	x	x	x	x___			x___	x___	X___	X___		x
X	week 6	x___	x___	x	x___/___	x___	x___	x	x	x	x	x	x___			x___	x___	X___	X___		x
X	week 6	x___	x___	x	x___/___	x___	x___	x	x	x	x	x	x___			x___	x___	X___	X___		x
X	week 7	x___	x___	x	x___/___	x___	x___	x	x	x	x	x	x___			x___	x___	X___	X___		x
X	week 7	x___	x___	x	x___/___	x___	x___	x	x	x	x	x	x___			x___	x___	X___	X___		x
X	week 8	x___	x___	x	x___/___	x___	x___	x	x	x	x	x	x___	x	x	x___	x___	X___	X___		x
X	week 8	x___	x___		x___/___	x___	x___	x	x	x	x	x	x___			x___	x___	X___	X___		x
X	week 9	x___	x___	x	x___/___	x___	x___	x	x	x	x	x	x___			x___	x___	X___	X___		x



OREGON HEALTH & SCIENCE UNIVERSITY
HOSPITALS AND CLINICS

Protocol# XXXXX

ACCOUNT NO.
MED. REC. NO
NAME
BIRTHDATE

Initial	Signature	Title	Notes
			* if < 2.5 hr, notify study staff, stop procedures
			**Dipstick lot # _____
			***preg test lot # _____
			****Location _____
			***** today's injection
			Lab tubes from study staff
			Consent view date _____

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X	Week 16	x___	x___	x	x___/___		x___	x	x	x	x	x	x___		x	x___	x___	x___	X___		
X	Week 16	x___	x___	x	x___/___	x___	x___	x	x	x	x	x				x___	x___	X	X___		
X	Week 17	x___	x___	x	x___/___	x___	x___	x	x	x	x	x	x___			x___	x___	X	X___		
X	Week 17	x___	x___	x	x___/___	x___	x___	x	x	x	x	x	x___			x___	x___	X	X___		
X	Week 18	x___	x___	x	x___/___	x___	x___	x	x	x	x	x	x___			x___	x___	X	X___		
X	Week 18	x___	x___	x	x___/___	x___	x___	x	x	x	x	x	x___			x___	x___	X	X___		
X	week 19	x___	x___	x	x___/___	x___	x___	x	x	x	x	x	x___			x___	x___	X	X___		
X	week 19	x___	x___	x	x___/___	x___	x___	x	x	x	x	x	x___			x___	x___	X	X___		
X	week 20	x___	x___	x	x___/___	x___	x___	x	x	x	x	x	x___			x___	x___	X	X___		
X	week 20	x___	x___	x	x___/___	x___	x___	x	x	x	x	x	x___			x___	x___	X	X___		
X	week 21	x___	x___	x	x___/___	x___	x___	x	x	x	x	x	x___			x___	x___	X	X___		
X	week 21	x___	x___		x___/___	x___	x___	x	x	x	x	x	x___			x___	x___	X	X___		

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OREGON HEALTH & SCIENCE UNIVERSITY
HOSPITALS AND CLINICS

Protocol# 10887

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Initial	Signature	Title	Notes
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Weeks - write in week number

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X	Week	x	x	x	x		x	x	x	x	x	x	x		x	x	x	x	x		
X	Week	x	x	x	x	x	x	x	x	x	x	x				x	x	x	x		
X	Week	x	x	x	x	x	x	x	x	x	x	x				x	x	x	x		
X	Week	x	x	x	x	x	x	x	x	x	x	x				x	x	x	x		
X	Week	x	x	x	x	x	x	x	x	x	x	x				x	x	x	x		
X	Week	x	x	x	x	x	x	x	x	x	x	x				x	x	x	x		
X	Week	x	x	x	x	x	x	x	x	x	x	x				x	x	x	x		
X	week	x	x	x	x	x	x	x	x	x	x	x				x	x	x	x		
X	week	x	x	x	x	x	x	x	x	x	x	x				x	x	x	x		
X	week	x	x	x	x	x	x	x	x	x	x	x				x	x	x	x		
X	week	x	x	x	x	x	x	x	x	x	x	x				x	x	x	x		
X	week	x	x	x	x	x	x	x	x	x	x	x				x	x	x	x		
X	week	x	x	x	x	x	x	x	x	x	x	x				x	x	x	x		
X	week	x	x	x	x	x	x	x	x	x	x	x				x	x	x	x		
X	week	x	x	x	x	x	x	x	x	x	x	x				x	x	x	x		



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