



OREGON HEALTH & SCIENCE UNIVERSITY HOSPITALS AND CLINICS

Protocol# xxxxx

ACCOUNT NO.
MED. REC. NO
NAME
BIRTHDATE

Date	Study day	Arrival time	Time of last meal*	Wt kg	5min. Rest start/stop	Inspect inj. Sites <u>time</u>	Time of VS	Pain	°C	BP (seated)	HR	RR	Time of urine col.	UA dip per order**	Urine preg per order***	Labs draw <u>time</u>	Injection time/ location ****	Observation complete time	Inspect inj. Site time*****	ECG per orders	Init ials			
х	Week 1	x	x	x	x/		x	x	x	x	х	x	x		x	x	x	x	x		х			
х	Week 2	x	x	x	x/	x	x	x	x	x	х	x				x	x	x	x		х			
х	Week 3	x	x	х	x/	x	x	x	x	x	х	х	x			x	x	x	x		х			
х	Week 4	x	x	х	x/	x	x	x	x	x	х	х	x	х	x	x	x	x	x		х			
х	Week 4	x	x	х	x/	x	x	x	x	x	х	х	x			x	x	x	x		х			
х	Week 5	x	x	х	x/	x	x	х	x	x	х	х	x			x	x	x	x		х			
х	week 5	x	x	х	x/	x	x	х	х	x	х	х	x			x	x	x	x		х			
х	week 6	x	x	х	x/	x	x	х	x	х	х	х	x			x	x	x	x		х			
х	week 6	x	x	х	x/	x	x	х	х	х	х	х	x			x	x	x	x		х			
х	week 7	x	x	х	x/	x	x	х	х	х	х	х	x			x	x	x	x		х			
х	week 7	x	x	х	x/	x	x	х	х	х	х	х	x			x	x	x	x		х			
х	week 8	x	x	х	x/	x	x	х	х	х	х	х	x	х	х	x	x	x	x		х			
Х	week 8		x		x/	x	x	х	х	х	х	х	x			x	x	x	x		х			
x Initia	week 9	X	x	х	x/ Sign	x ature	x	Х	х	х	х	x Title								х				
		Olgridadio													* if < 2	* if < 2.5 hr, notify study staff, stop procedures								
														Dipstick lot # *preg test lot #							4			
															****Lc	cation_								
																***** today's injection Lab tubes from study staff								

Consent view date



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Date	Study day	Arrival time	Time of last meal*	Wt kg	5min. Rest start/stop	Inspect inj. Sites time	Time of VS	Pain	T ℃	BP (seated)	HR	RR	Time of urine col.	UA dip per order **	Urine preg per order***	Labs draw time	Injection time/ location ****	Observation complete <u>time</u>	Inspect inj. Site time*****	ECG per orders	Initials	SHO
	Week 16	x	x	x	x/		x	x	х	x	x	x	x		x	x	x	x	x			9
	Week 16	x	x	x	x/	x	x	x	х	x	х	x				x	x	x 	x			
	Week 17	x	x	x	x/	x	x	x	х	x	х	x	x			x	x	X	x			Protocol# 10887
	Week 17	x	x	x	x/	x	x	х	х	x	х	x	x			x	x	X	x			toc
	Week 18	x	x	x	x/	x	x	x	х	x	х	x	x			x	x	X	x			Protocol# 10887
	Week 18	x	x	x	x/	x	x	x	х	x	х	x	x			x	x	x	x			10
	week 19	x	x	x	x/	x	x	x	х	x	х	x	x			x	x	x	x			NICS
	week 19	x	x	x	x/	x	x	x	х	x	х	x	x			x	x	x	x			7
	week 20	x	x	x	x/	x	x	x	x	x	х	x	x			x	x	x	x			=
	week 20	x	x	x	x/	x	x	х	х	x	х	x	x			x	x	x	x			ACC MED NAN BIRT
,	week 21	x	x	x	x/	x	x	х	х	x	х	x	x			x	x	х	x			ACCOUNT NO. MED. REC. NO NAME BIRTHDATE
	week 21	x	x		x/	x	x	х	х	x	х	x	x			x	x	x	x			m NO.
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														**Dipstick lot #								
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													}		***** 4	cation_	nioction		_		\longrightarrow	
													}				njection <mark>m study</mark>	etaff				
												1	1			ent view		Jan				



Weeks - write in week number

Date	Study day	Arrival time	Time of last meal*	Wt kg	5min. Rest start/stop	Inspect inj. Sites time	Time of VS	Pain	°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 <u>time</u>	Inspect inj. Site time*****	ECG per orders	Initials	NSHO
Х	Week_	x	x	х	x/		x	х	х	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			ÆGO
х	Week	х	х	x	x /	x	х	х	х	х	x	х	х			х	х	х	х			Pro
х	Week			×	x /			x	×	x	х	х	x			Y		х	x			OREGON HEALTH & HOSPITALS
x	Week	Υ	Υ	Y	x /	Υ	Υ	x	X	x	х	x	Υ			Υ	Υ	x	Υ			FIO 3
x	Week	·	^	^ _	× /	^	^	~	~	^ _	^ v	x	×			×	^	x	x			N HEALTH & SCIENCE UNIVERSITY HOSPITALS AND CLINICS Protocol# 10887
	week	^	^		^/	^	^	^	^	^			^			^	^					INIC:
X	week	X	X	Х	x/	x	X	Х	Х	X	Х	Х	X			х	X	x	X			S IVER
Х	week	X	x	X	X/	x	x	Х	X	X	Х	х	X			X	X	x	X			SITY
Х	week	X	x	х	x/	x	X	х	х	х	х	Х	X			X	X	x	X			BZZZ
Х	week	X	x	х	x/	x	x	Х	x	х	х	х	x			X	x	x	X			ACCOUNT NO. MED. REC. NO NAME BIRTHDATE
Х	week	x	x	х	x/	x	x	х	х	х	х	х	x			х	X	x	X			ATE
Х	week	x	x		x/	x	x	х	x	х	х	х	x			x	x	x	X			0.9
Х		X	x	х	x/	X	x	Х	х	х	х	Х	x			X	X		X			
Initia					Sign	ature						Title	! 		* if _ '	2.5 hr n		Notes dy staff,	eton nr	ocedu	ires	
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