FORM 04: STUDY VITAL SIGNS

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PATIENT ID#:					Center:			
PATIENT INITIALS:						Form completed by:		
Please provide vit	al signs for each visit a	and comments for any a	abnormalities below:					
Assesment*	Day #1	Day #2	Day #3	Day #4	Day #5	Day #6	Day #7	
Date of Visit								
	//	//	//	//	//	//	/	
. Weight (kgs)								
2. Temp F°	·_		·			·	·_	
3. Heart Rate								
4. Blood Pressure	/	/		/	/	/	/	
5. Resp. Rate								
If vitals not taker	on that day, $code = 9$.							
Comments:	Ton that day, code = 7.							

FORM 04: STUDY VITAL SIGNS (continued)

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PATIENT ID#:		Center:
PATIENT INITIALS:		Form completed by:
	-	

Assesment	Day #8	Day #9	Day #10	Day #11	Day #12	Day #13	Day #14
Date of Visit							
	/	//	/	//	//	//	//
1. Weight (kgs)							
2. Temp F ^o	·	·_	·_	·			·
3. Heart Rate							
4. Blood Pressure	/	/	/	/	/	/	/
5. Resp. Rate							

^{*} If vitals not taken on that day, code = 9.

Comments:			

FORM 04: STUDY VITAL SIGNS (continued)

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PATIENT ID#:	Center:
PATIENT INITIALS:	Form completed by:

Assesment	Day #15	Day #16	Day #17	Day #18	Day #19	Day #20	Day #21
Date of Visit							
	//	//	//	//	//	//	//
1. Weight (kgs)							
2. Temp F°		·_		·_			·_
3. Heart Rate							
4. Blood Pressure	/	/			/		/
5. Resp. Rate							

^{*} If vitals not taken on that day, code = 9.

Comments:			
			•

FORM 04: STUDY VITAL SIGNS (continued)

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PATIENT ID#:		Center:
PATIENT INITIALS:		Form completed by:
	•	

Assesment	Day #22	Day #23	Day #24	Day #25	Day #26	Day #27	Day #28
Date of Visit							
	/	//	/	//	//	//	//
1. Weight (kgs)							
2. Temp F ^o		·_	·_	·			·_
3. Heart Rate							
4. Blood Pressure	/	/	/	/	/	/	/
5. Resp. Rate							

^{*} If vitals not taken on that day, code = 9.

Comments:	

IRB #3756: PHASE I TRIAL OF BUTYRATE AND GANCICLOVIR IN EBV-ASSOCIATED MALIGNANCIES