FORM 11: BLOOD COLLECTION FORM

PATIENT ID#: ____ ____ ____	**Center: _____**
PATIENT INITIALS: ____ ____ ____	**Form completed by: _____**

Day 1	**Date: __ __/__ __/__ __ __ __**	**Blood Collected***
Pretreatment	**Time:**	1 ☐ Yes 2 ☐ No
4 hours into infusion	**Time:**	1 ☐ Yes 2 ☐ No
Post infusion/15 min.	**Time:**	1 ☐ Yes 2 ☐ No
Post infusion/1 hour	**Time:**	1 ☐ Yes 2 ☐ No
Day 3	**Date: __ __/__ __/__ __ __ __**	**Blood Collected***
Pretreatment	**Time:**	1 ☐ Yes 2 ☐ No
4 hours into infusion	**Time:**	1 ☐ Yes 2 ☐ No
Day 5	**Date: __ __/__ __/__ __ __ __**	**Blood Collected***
Pretreatment	**Time:**	1 ☐ Yes 2 ☐ No
4 hours into infusion	**Time:**	1 ☐ Yes 2 ☐ No
Post infusion/15 min.	**Time:**	1 ☐ Yes 2 ☐ No
Post infusion/1 hour	**Time:**	1 ☐ Yes 2 ☐ No
Day 8	**Date: __ __/__ __/__ __ __ __**	**Blood Collected***
Pretreatment	**Time:**	1 ☐ Yes 2 ☐ No
4 hours into infusion	**Time:**	1 ☐ Yes 2 ☐ No
Day 10	**Date: __ __/__ __/__ __ __ __**	**Blood Collected***
Pretreatment	**Time:**	1 ☐ Yes 2 ☐ No
4 hours into infusion	**Time:**	1 ☐ Yes 2 ☐ No
Day 12	**Date: __ __/__ __/__ __ __ __**	**Blood Collected***
Pretreatment	**Time:**	1 ☐ Yes 2 ☐ No
4 hours into infusion	**Time:**	1 ☐ Yes 2 ☐ No

*** Blood samples of approximately 6ml will be collected in heparanized tubes. Samples will be processed in Dr. Faller's Laboratory.**

Samples need to be sent by Fed Ex to:

Dr. Susan Perrine
80 East Concord St. Suite 911
Boston, MA 02118

COMMENTS:
