

IND Study # \_\_\_\_\_

# Physical Exam

Pg  of

Visit

Subject ID:        \*

Visit Date:

Day

Month

Year

Subject Initials:

|                 | WNL                      | ABN                      | √ if ND                  | Comment if Abnormal |
|-----------------|--------------------------|--------------------------|--------------------------|---------------------|
| General         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____               |
| HEENT           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____               |
| Chest Wall      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____               |
| Pulmonary       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____               |
| Abdomen         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____               |
| Musculoskeletal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____               |
| Extremities     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____               |
| Neurological    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____               |
| Skin            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____               |
| Lymphatic       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____               |
| Psych           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____               |

Completed by: \_\_\_\_\_

Date:

Day

Month

Year

IRB # \_\_\_\_\_

# Vital Signs

Visit

Subject ID:        \*

Visit Date:      
Day

Month

Year

Subject Initials:

Check here if vital signs were not performed

Date of this exam:            
Day Month Year

Height:    .   cm   in

Weight:    .   kg   lbs

Blood Pressure:    /

Pulse    / minute

Temperature    .   °C   °F

Respirations   / minute

Performance Status:  0  1  2

Completed by: \_\_\_\_\_

On:      
Day

Month

Year

Subject ID: I N D # # U A \* [ ][ ]

Visit Date: [ ][ ] Day [ ][ ][ ] Month [ ][ ][ ][ ] Year

Subject Initials: [ ][ ][ ]

Specimen Collection Date: [ ][ ] Day [ ][ ][ ] Month [ ][ ][ ][ ][ ] Year

|                           |                    |                          |                    |                         |                    |                          |                    |
|---------------------------|--------------------|--------------------------|--------------------|-------------------------|--------------------|--------------------------|--------------------|
| WBC (K/ $\mu$ L)          | [ ][ ] . [ ][ ]    | <input type="checkbox"/> | <sup>√ if ND</sup> | Neutrophils (%)         | [ ][ ] . [ ][ ]    | <input type="checkbox"/> | <sup>√ if ND</sup> |
| Absolute Neutrophil Count | [ ][ ][ ][ ][ ][ ] | <input type="checkbox"/> |                    | Total bilirubin (mg/dL) | [ ][ ] . [ ][ ]    | <input type="checkbox"/> |                    |
| Platelets (K/ $\mu$ L)    | [ ][ ][ ][ ]       | <input type="checkbox"/> |                    | LDH (IU/L)              | [ ][ ][ ][ ][ ]    | <input type="checkbox"/> |                    |
| RBC (M/ $\mu$ L)          | [ ][ ] . [ ][ ]    | <input type="checkbox"/> |                    | Alk. phos. (IU/L)       | [ ][ ][ ][ ][ ]    | <input type="checkbox"/> |                    |
| Hemoglobin (g/dL)         | [ ][ ][ ] . [ ][ ] | <input type="checkbox"/> |                    | SGOT/AST (IU/L)         | [ ][ ][ ][ ]       | <input type="checkbox"/> |                    |
| BUN (mg/dL)               | [ ][ ][ ]          | <input type="checkbox"/> |                    | SGPT/ALT (IU/L)         | [ ][ ][ ][ ]       | <input type="checkbox"/> |                    |
| Creatinine (mg/dL)        | [ ][ ][ ] . [ ][ ] | <input type="checkbox"/> |                    | GGT (IU/L)              | [ ][ ][ ][ ]       | <input type="checkbox"/> |                    |
| Sodium (mEq/L)            | [ ][ ][ ]          | <input type="checkbox"/> |                    | PT (sec)                | [ ][ ] . [ ][ ]    | <input type="checkbox"/> |                    |
| Potassium (mEq/L)         | [ ][ ] . [ ][ ]    | <input type="checkbox"/> |                    | PTT (sec)               | [ ][ ] . [ ][ ]    | <input type="checkbox"/> |                    |
| CO <sub>2</sub> (mEq/L)   | [ ][ ][ ]          | <input type="checkbox"/> |                    | INR                     | [ ][ ][ ] . [ ][ ] | <input type="checkbox"/> |                    |
| Chloride (mEq/L)          | [ ][ ][ ]          | <input type="checkbox"/> |                    |                         |                    |                          |                    |

Assay Collection

\_\_\_\_\_ [ ][ ] Day [ ][ ][ ] Month [ ][ ][ ][ ][ ] Year [ ][ ] H [ ][ ] H : [ ][ ] M [ ][ ] M [ ][ ]

\_\_\_\_\_ [ ][ ] Day [ ][ ][ ] Month [ ][ ][ ][ ][ ] Year [ ][ ] H [ ][ ] H : [ ][ ] M [ ][ ] M [ ][ ]

Completed by: \_\_\_\_\_

On: [ ][ ] Day [ ][ ][ ] Month [ ][ ][ ][ ][ ] Year

IND Study # \_\_\_\_\_

# Urine Analysis

Visit

Subject ID:        \*

Visit Date:      
Day Month Year

Subject Initials:

Specimen Collection Date:      
Day Month Year

## UPC

√ if  
ND

Protein (mg/dL)

Creatinine (mg/dL)

Protein / Creatinine ratio

Completed by: \_\_\_\_\_

On:      
Day Month Year