

Subject ID 044 - 1 ☐☐

Subject Initials ☐☐☐

Eligibility

Inclusion Criteria (all answers must be YES to be included in the trial)		Yes	No
1	Age 18-45 years, inclusive.....	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2	Willingness to submit to diagnostic machine testing	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3	Male or non-pregnant, non-lactating female. Women of reproductive potential must be practicing adequate contraception (e.g., intrauterine device or double barrier device such as a diaphragm or condom plus spermicide). Abstinence is not considered to be an acceptable method of contraception. Additionally, women of reproductive potential must have a negative urine pregnancy at screening and prior to enrollment.....	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4	In good health as determined by medical history and physical examinations.....	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5	Capable of understanding and complying with the protocol and has signed the informed consent document.....	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Exclusion Criteria (all answers must be NO to be included in the trial)		Yes	No
1	Pregnant or lactating females.....	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2	History of anaphylaxis.....	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3	History or presence of hepatitis.....	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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Demographics/Medical History

Demographics	
Sex:	Race:
<input type="checkbox"/> 1 Male	<input type="checkbox"/> 1 Caucasian
<input type="checkbox"/> 2 Female	<input type="checkbox"/> 2 Black
	<input type="checkbox"/> 3 Hispanic
	<input type="checkbox"/> 4 Asian
	<input type="checkbox"/> 5 Other (specify):
Date of Birth:	Date Informed Consent Signed :
mm / dd / yy	mm / dd / yy

Pregnancy test	
Result:	<input type="checkbox"/> 0 Negative <input type="checkbox"/> 2 Not applicable

Medical History		
Body System	Normal	Abnormal (describe)
Neuro	<input type="checkbox"/> 0	
HEENT	<input type="checkbox"/> 0	
Heart	<input type="checkbox"/> 0	
Lungs	<input type="checkbox"/> 0	
Abdomen	<input type="checkbox"/> 0	
Musculoskeletal	<input type="checkbox"/> 0	
Peripheral Vascular	<input type="checkbox"/> 0	
Skin	<input type="checkbox"/> 0	
Additional Findings:		

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Physical Examination

	Study Day 1		Study Day 2	
Body System	Normal	Abnormal (describe)	Normal	Abnormal (describe)
Neurological	<input type="checkbox"/> 0		<input type="checkbox"/> 0	<input type="checkbox"/> 1 Unchanged from Study Day 1
HEENT	<input type="checkbox"/> 0		<input type="checkbox"/> 0	<input type="checkbox"/> 1 Unchanged from Study Day 1
Heart	<input type="checkbox"/> 0		<input type="checkbox"/> 0	<input type="checkbox"/> 1 Unchanged from Study Day 1
Lungs	<input type="checkbox"/> 0		<input type="checkbox"/> 0	<input type="checkbox"/> 1 Unchanged from Study Day 1
Abdomen	<input type="checkbox"/> 0		<input type="checkbox"/> 0	<input type="checkbox"/> 1 Unchanged from Study Day 1
Musculoskeletal	<input type="checkbox"/> 0		<input type="checkbox"/> 0	<input type="checkbox"/> 1 Unchanged from Study Day 1
Peripheral Vascular	<input type="checkbox"/> 0		<input type="checkbox"/> 0	<input type="checkbox"/> 1 Unchanged from Study Day 1
Skin	<input type="checkbox"/> 0		<input type="checkbox"/> 0	<input type="checkbox"/> 1 Unchanged from Study Day 1
Additional Findings:			<input type="checkbox"/> 1 Unchanged from Study Day 1	

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	Study Day 1	Study Day 2
Name of Lab		
Lab test	Result	Result
	<input type="checkbox"/> , Not Done	<input type="checkbox"/> , Not Done
Sodium		
Potassium		
Chloride		
BUN		
Creatinine		
Total Protein		
Albumin		
Direct bilirubin		
Total bilirubin		
ALT/SGPT		
AST/SGOT		
LDH		
WBC		
Neutrophils		
Eosinophils		
Basophils		
Lymphocytes		
Monocytes		
Hct%		
Hgb		
Platelets		
INR		
PT		
PTT		

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mm dd yy

Evaluations and Dosing

Baseline Vital Signs

Time (24 Hour)	Temp (°F)	HR (per minute)	RR (per minute)	BP (syst/dia)	O ₂ Sat (%)
:				/	

Weight	Height	Health Questionnaire Score	
_____ . _____ Kg	_____ . _____ inches	Pre	Post

Cohort	Infusion Period # 1	Infusion Period # 2
1 <input type="checkbox"/>	<input type="checkbox"/> ₁ Bottle 12.5 mg/kg	<input type="checkbox"/> ₁ Bottle 12.5 mg/kg
2 <input type="checkbox"/>	<input type="checkbox"/> ₂ Bag 6.25 mg/kg	<input type="checkbox"/> ₂ Bag 6.25 mg/kg
	<input type="checkbox"/> ₃ Bag, other <u>0</u> . _____	<input type="checkbox"/> ₃ Bag, other <u>0</u> . _____
	Amount PROD infused	Amount PROD infused
<input type="checkbox"/> Other _____	_____ . _____ mg	_____ . _____ mg

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Study Day 1

Vital Signs

Timepoint	Time (24 Hour)	HR (per min)	BP (syst/dia)	O ₂ Sat (%)
- 5 minutes	:		/	
0 minutes	:		/	
5 minutes	:		/	
10 minutes	:		/	
15 minutes	:		/	
20 minutes	:		/	
25 minutes	:		/	
30 minutes	:		/	
35 minutes	:		/	
40 minutes	:		/	
45 minutes	:		/	
50 minutes	:		/	
55 minutes	:		/	
60 minutes	:		/	
65 minutes	:		/	
70 minutes	:		/	
End of Infusion Period #2	:			
1 hour after Infusion Period #2	:		/	

Concomitant Medications

☐ None

Medication	Dose	Unit	Route	Date (mm / dd / yy)	Time (24 Hour)
1				___/___/___	:
2				___/___/___	:
3				___/___/___	:
4				___/___/___	:
5				___/___/___	:
6				___/___/___	:
7				___/___/___	:
8				___/___/___	:
9				___/___/___	:
10				___/___/___	:
11				___/___/___	:
12				___/___/___	:

☐ Check if subsequent pages

**Report all Serious Adverse Events
IMMEDIATELY**

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Event Description		Onset	Resolution	Severity	Relationship to PROD	Actions taken (✓ all applicable)
1	Date (mm/dd/yy)	___/___/___	___/___/___	<input type="checkbox"/> ₁ Mild <input type="checkbox"/> ₂ Moderate <input type="checkbox"/> ₃ Severe <input type="checkbox"/> ₄ Life-threatening	<input type="checkbox"/> ₁ Unrelated <input type="checkbox"/> ₂ Possibly <input type="checkbox"/> ₃ Probably <input type="checkbox"/> ₄ Definitely	<input type="checkbox"/> ₀ None <input type="checkbox"/> ₁ Treatment <input type="checkbox"/> ₂ PROD stopped <input type="checkbox"/> ₃ Discontinued trial <input type="checkbox"/> ₄ SAE Reported
	Time (24 hour)	:	: <input type="checkbox"/> ₁ Continuing			
2	Date (mm/dd/yy)	___/___/___	___/___/___	<input type="checkbox"/> ₁ Mild <input type="checkbox"/> ₂ Moderate <input type="checkbox"/> ₃ Severe <input type="checkbox"/> ₄ Life-threatening	<input type="checkbox"/> ₁ Unrelated <input type="checkbox"/> ₂ Possibly <input type="checkbox"/> ₃ Probably <input type="checkbox"/> ₄ Definitely	<input type="checkbox"/> ₀ None <input type="checkbox"/> ₁ Treatment <input type="checkbox"/> ₂ PROD stopped <input type="checkbox"/> ₃ Discontinued trial <input type="checkbox"/> ₄ SAE Reported
	Time (24 hour)	:	: <input type="checkbox"/> ₁ Continuing			
3	Date (mm/dd/yy)	___/___/___	___/___/___	<input type="checkbox"/> ₁ Mild <input type="checkbox"/> ₂ Moderate <input type="checkbox"/> ₃ Severe <input type="checkbox"/> ₄ Life-threatening	<input type="checkbox"/> ₁ Unrelated <input type="checkbox"/> ₂ Possibly <input type="checkbox"/> ₃ Probably <input type="checkbox"/> ₄ Definitely	<input type="checkbox"/> ₀ None <input type="checkbox"/> ₁ Treatment <input type="checkbox"/> ₂ PROD stopped <input type="checkbox"/> ₃ Discontinued trial <input type="checkbox"/> ₄ SAE Reported
	Time (24 hour)	:	: <input type="checkbox"/> ₁ Continuing			
4	Date (mm/dd/yy)	___/___/___	___/___/___	<input type="checkbox"/> ₁ Mild <input type="checkbox"/> ₂ Moderate <input type="checkbox"/> ₃ Severe <input type="checkbox"/> ₄ Life-threatening	<input type="checkbox"/> ₁ Unrelated <input type="checkbox"/> ₂ Possibly <input type="checkbox"/> ₃ Probably <input type="checkbox"/> ₄ Definitely	<input type="checkbox"/> ₀ None <input type="checkbox"/> ₁ Treatment <input type="checkbox"/> ₂ PROD stopped <input type="checkbox"/> ₃ Discontinued trial <input type="checkbox"/> ₄ SAE Reported
	Time (24 hour)	:	: <input type="checkbox"/> ₁ Continuing			

Investigator's Signature _____

Date _____

☐ ₁ Check if subsequent pages

Subject ID 044 - 1 ☐ ☐Subject Initials ☐ ☐ ☐Study Day 2 / /
mm dd yy

Study Completion

Study Completion/Termination

Vital Signs					
Time (24 Hour)	Temp (°F)	HR (per minute)	RR (per minute)	BP (syst/dia)	O ₂ Sat (%)
:				/	

Did the subject complete the trial ? ☐ ₁ Yes ☐ ₀ No

If No, please complete the following (✓ all applicable)

Reason for discontinuation		Date mm / dd / yy	
<input type="checkbox"/> ₁	Adverse Event	<u> </u> / <u> </u> / <u> </u>	event:
<input type="checkbox"/> ₂	Withdrew consent	<u> </u> / <u> </u> / <u> </u>	reason:
<input type="checkbox"/> ₃	Lost to follow up	<u> </u> / <u> </u> / <u> </u>	reason:
<input type="checkbox"/> ₄	Right-to-left cardiac shunt	<u> </u> / <u> </u> / <u> </u>	
<input type="checkbox"/> ₅	Other	<u> </u> / <u> </u> / <u> </u>	specify:

Summary of Protocol Compliance

Was the protocol followed without deviations? ☐ ₁ Yes ☐ ₀ No

If No, please complete the following (✓ all applicable)

Departures		
<input type="checkbox"/> ₁	Entrance Criteria not met	specify:
<input type="checkbox"/> ₂	PROD not administered fully	reason:
<input type="checkbox"/> ₃	Images not obtained	explain:
<input type="checkbox"/> ₄	Safety data not obtained or not collected at scheduled time point	explain:
<input type="checkbox"/> ₅	Other	specify: