

Trial no.: Patient's initials: Date of birth:
Give FIRST and SURNAME initials only dd mon yyyy

Hospital no.: Hospital:

Pulmonary function

Spirometry: FEV₁: l FVC: l Date test performed (dd mon yyyy)

Single breath diffusion: TL_{CO}: mmol/ min/ kPa Date test performed (dd mon yyyy)
 K_{CO}: mmol/ min/ kPa/ l

Cardiac function

LVEF determined by: echocardiography ☐ MUGA ☐ Date test performed (dd mon yyyy)

Echocardiogram/ MUGA scan: Normal ☐ Abnormal ☐ LVEF: %

If echocardiogram/MUGA abnormal, please give details:

.....

.....

.....

ECG: Normal ☐ Abnormal ☐ Date ECG performed:
dd mon yyyy

If ECG abnormal, please give details:

.....

.....

.....

Chest X-ray Normal ☐ Abnormal ☐ Date X-ray performed:
dd mon yyyy

If chest X-ray abnormal, please give details:

.....

.....

.....

Hepatic function

Date tests performed:
dd mon yyyy

Please complete details for at least one of the following transaminases:

Serum AST (SGOT) levels: Normal ☐ Abnormal ☐ → Grade (please circle): 1 2 3 4
 Serum ALT (SGPT) levels: Normal ☐ Abnormal ☐ → Grade (please circle): 1 2 3 4

CTC toxicity gradings for transaminase levels: 1 = ULN – 2.5 × ULN; 2 = >2.5-5.0 × ULN; 3 = >5.0-20.0 × ULN; 4 = >20.0 × ULN

PLEASE TURN OVER AND COMPLETE CHECKLIST →

Signed: _____

Date:
dd mon yyyy

On completion, please take a copy of this form and return the original to your tAnGo Study Office.

WHERE POSSIBLE, PLEASE ALSO PROVIDE COPIES OF THE FOLLOWING:

Spirometry report	<input type="checkbox"/>
Echocardiogram/MUGA report	<input type="checkbox"/>
1 page copy of ECG trace	<input type="checkbox"/>
Chest X-ray report	<input type="checkbox"/>
Transaminase results	<input type="checkbox"/>

X-RAYS SHOULD BE RETAINED AND SECURELY STORED.