**NEAR4KIDS QI Collection Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date:** | {date\_placeholder} | **Time:** | {time\_placeholder} | **Location:** | {location\_placeholder} |

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Gender:** | {sex\_placeholder} | **Patient Dosing Weight (kg):** | {weight\_placeholder} |

{date\_placeholder}