

Lambda Therapeutic Research.

Sponsor Name: Intas Pharmaceuticals Ltd.

MEDICAL SCREENING RECORD FORM

Project No: 489-14-G-II

Subject No: 1020

Subject Initials: SNG



General info.	
BMI details	
Height:	162.0
Weight:	75.0
BMI:	28.58
Consent for Screening Signed:	<input checked="" type="radio"/> YES <input type="radio"/> NO
Date Of Birth:	20-Jan-1982
Age In Years(Completed years on the day of screening):	34
Date of Initiation of Screening:	31-Mar-2016
Recorded By:	neeravu
Personal History	
Last date of blood donation:	-
Date of last sample study participated in:	20-NOV-15 BLOOD LOSS<200ML
Amount of Blood Donation:	-
History of difficulty in blood donation:	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> NA
Race:	ASIAN
Sex:	<input checked="" type="radio"/> Male <input type="radio"/> Female
Marital Status:	<input type="radio"/> Single <input checked="" type="radio"/> Married
Food Habits:	<input type="radio"/> Vegetarian <input checked="" type="radio"/> Non-Vegetarian <input type="radio"/> Eggetarian
Smoking/Chewing/Alcohol/Recreational Drugs History[Note: C=Current,P=Previous,N=Never]	
Cigarettes:	<input type="radio"/> C <input type="radio"/> P <input checked="" type="radio"/> N
Consumption Details for Cigarettes:	
Cigarettes, If Previous, Stopped since:	
Beedies:	<input type="radio"/> C <input type="radio"/> P <input checked="" type="radio"/> N
Consumption Details for Beedies:	
Beedies, If Previous, Stopped since:	
Gutkha:	<input type="radio"/> C <input type="radio"/> P <input checked="" type="radio"/> N
Consumption Details for Gutkha:	
Gutkha, If Previous, Stopped since:	
Tobacco:	<input type="radio"/> C <input type="radio"/> P <input checked="" type="radio"/> N
Consumption Details for Tobacco:	
Tobacco, If Previous, Stopped since:	

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Tobacco with Supari:	<input type="radio"/> C <input checked="" type="radio"/> P <input type="radio"/> N
Consumption Details For Tobacco with Supari:	TWO PER DAY
Tobacco with Supari, If Previous, Stopped since:	LAST FOUR YEARS AND SIX MONTH
Alcohol:	<input type="radio"/> C <input checked="" type="radio"/> P <input type="radio"/> N
Consumption Details For Alcohol:	
Alcohol, If Previous, Stopped since:	
Recreational Drug:	<input type="radio"/> C <input checked="" type="radio"/> P <input type="radio"/> N
Consumption Details For Recreationl Drug:	
Recreational Drug, If Previous, Stopped since:	
Others:	<input type="radio"/> C <input checked="" type="radio"/> P <input type="radio"/> N
Consumption Details For Other:	
Others, If Previous, Stopped since:	
Recorded by:	sandeepbandya
Past History	
Past History	
Head Trauma:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Neurological Disorder:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Eye, Ear, Nose, Throat:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Gastrointestinal:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Respiratory:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Blood & Lymphatic system:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Cardiovascular:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Genitourinary:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Immune System:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Skin And Subcutaneous tissue:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Musculoskeletal:	<input checked="" type="radio"/> No <input type="radio"/> Yes

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Endocrine:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Neoplasms:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Major Surgery:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Metabolism and Nutrition:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Infections Jaundice:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Infections Malaria:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Infections Typhoid:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Psychiatric Disorder:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Other, please specify:	
Congenital and familial / genetic disorders	
Congenital and familial / genetic disorders:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Recent History of Medication(Within Last 15 Days)	
Recent History of Medication:	<input type="radio"/> YES <input checked="" type="radio"/> NO
If "Yes", Specify:	
History of Allergy:	
Allergy to Medicines:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Allergy to Food:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Allergy to any other:	<input type="radio"/> Yes <input checked="" type="radio"/> No
General Exam.	
PHYSICAL EXAMINATION	
Respiratory Rate:	14
Pulse Rate:	84
Temperature:	98.4
Temperature:	36.8
BP-Sitting Systolic/Diastolic:	114/76
BP-Supine Systolic/Diastolic:	114/74
BP-Standing Systolic/Diastolic:	114/76
Pallor:	<input checked="" type="radio"/> Absent <input type="radio"/> Present

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Palpable Nodes:	<input checked="" type="radio"/> Absent <input type="radio"/> Present
Nasal Polyp:	<input checked="" type="radio"/> Absent <input type="radio"/> Present
Icterus:	<input checked="" type="radio"/> Absent <input type="radio"/> Present
Edema:	<input checked="" type="radio"/> Absent <input type="radio"/> Present
Eczema:	<input checked="" type="radio"/> Absent <input type="radio"/> Present
Any other(Including skin,head,ear,eye,nose,throat,nails):	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Remarks:	
Systemic Exam.	
Cardiovascular System	
Pulse Rhythm:	<input checked="" type="radio"/> Regular <input type="radio"/> Irregular
Pulse Volume:	<input checked="" type="radio"/> Normal <input type="radio"/> High <input type="radio"/> Low
Inspection(Pericardial area with apex beat):	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Palpation(Pericardial area with apex beat):	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Percussion:	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Auscultation(Heart sounds):	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Remarks if any::	
Respiratory System	
Inspection(Shape of chest):	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Respiratory Movements(Rhythm,Character,Accessory Muscles,Mediastinum):	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Palpation(Tactile Vocal Fremitus, Trachea):	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Percussion:	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Auscultation(Breath sounds,Foreign sounds):	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Remarks if any::	
Gastrointestinal System	

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Inspection(Shape of abdomen):	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Palpation(Tenderness/Rigidity,Liver,Spleen):	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Percussion (Fluid thrill):	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Auscultation(Peristaltic Sounds):	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Remarks if any::	
Nervous System	
Higher Functions:	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Cranial Nerves(except fundoscopy):	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Motor System(nutrition,power,tone,coordination):	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Sensory System(Superficial & Deep sensations):	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Reflexes(Superficial,Deep):	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Meningeal Signs:	<input checked="" type="radio"/> Absent <input type="radio"/> Present
Abnormal movements:	<input checked="" type="radio"/> Absent <input type="radio"/> Present
Remarks if any::	
Clinical Exam.	
CLINICAL EXAMINATION 1	
Comments:	
Clinically fit:	<input checked="" type="radio"/> yes <input type="radio"/> No
Physician:	gauravgpurohit
X-RAY Comments	
Comments:	
Clinically:	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Recorded By/Transcribed By:	Manishpatel
ECG	
ECG Impression Remark:	WNL
Remarks if ECG Repeated:	
Clinically:	<input checked="" type="radio"/> Acceptable <input type="radio"/> Not Acceptable
Recorded By/Transcribed By:	Manishpatel

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Lab Report	
Lab Report Remark:	
Clinically:	<input checked="" type="radio"/> Acceptable <input type="radio"/> Not Acceptable
Recorded By/Transcribed By:	Manishpatel
Additional Information	
Additional Information:	
Screening Review	
Review History	
Is Eligible Status :	YES
Declare By :	Manishpatel (Study Physician) On 02-Apr-2016 17:41
Remarks:	.
Final Review By :	jaiminbpatel (Study physician-R) On 12-Apr-2016 15:48
Remarks:	I have reviewed the MSR of this subject as a study physician and found eligible before enrollment into the group 02 of project 489-14.