Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Study ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time point: \_\_\_\_\_\_\_

Performance Status: \_\_\_\_\_  Vital Signs: Ht: \_\_\_\_\_\_ WT: \_\_\_\_

Toxicity Note CTCAE v.\_\_\_ B/P: \_\_\_\_\_\_ RR: \_\_\_\_ P:\_\_\_\_\_Temp:\_\_\_

Specimens: Time of blood draw: \_\_\_\_\_\_ Initials: \_\_\_\_

Kit provided

EDTA tube  Streck tube  Buccal SWAB

Green top/Heparin tube  Urine  Other: \_\_\_\_\_\_\_\_\_

Laboratory Tests:

CBC/Diff  TSH/Free T3/Free T4  LDH

CMP  Magnesium  URIC ACID

Other: \_\_\_\_\_\_\_\_\_\_\_\_

Questionnaires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed prior to seeing physician.

Y  N Did patient need help?

Pill Compliance:

Pill Count

Y  N Did patient miss any pills in the last cycle? How many doses missed: \_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Instructions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DURING TREATMENT**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ Cycle/Day: \_\_\_\_\_\_\_

Vital Signs Before Treatment: Time: \_\_\_\_\_

B/P: \_\_\_\_\_\_ RR: \_\_\_\_ P:\_\_\_\_\_Temp:\_\_\_

PK blood draw: Time drawn: \_\_\_\_\_\_\_

**Start time of treatment**: \_\_\_\_\_\_\_\_\_

Vital Signs During Treatment: Time point: \_\_\_\_\_\_\_\_\_\_

B/P: \_\_\_\_\_\_ RR: \_\_\_\_ P:\_\_\_\_\_Temp:\_\_\_

Additional PK blood Draw: Time point: \_\_\_\_\_\_\_\_ Time Drawn: \_\_\_\_\_\_\_\_

**Stop Time of Treatment: \_\_\_\_\_\_\_\_\_\_**

Vital Signs After Treatment: \_\_\_\_\_

B/P: \_\_\_\_\_\_ RR: \_\_\_\_ P:\_\_\_\_\_Temp:\_\_\_

PK blood draw After Treatment, due at: \_\_\_\_\_\_ Time Drawn: \_\_\_\_\_\_\_

Patient was observed \_\_\_\_\_\_\_\_ After treatment. Discharged at: \_\_\_\_\_\_\_\_\_

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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