

Pt Name:	ID#:
	Enrolment#:

This data must be collected daily in real time. Please initial data entry at bottom of page.

	Study Day	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
DD/	MMM/YYYY						
	Study Supplement Volume (mL)						
ENTERAL	Protocol Violation = 0-383 mL (fax violation to form to CERU within 24 hrs)						
ENTE	Protocol Deviation = 384-479 mL (reason for deviation)	П	П	_	П	П	
	Study Supplement Volume (mL)						
RAL	Protocol Violation = 0-215 mL (fax violation to form to CERU within 24 hrs)		О	_			
PARENTERAL	Protocol Deviation = 216-239 mL or > 240 mL (reason for deviation)	О	_	0	О	_	
<u> </u>	Route: (C)entral or (P)eripheral						
	If Peripheral, Phlebitis/extravasations	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
SAE	Is there an SAE today that is SERIOUS and UNEXPECTED? (If yes, fax within 24 hrs to Project Leader)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

AFT	AFTER 72 HOURS FROM ICU ADMISSION								
Stu	dy Day	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6		
DD/	MMM/YYYY								
MICRO	**If positive, is culture: (1) A routine surveillance swab? (2) A previously diagnosed infection? Please consult with SI before answering.	N/A	N/A	N/A	Y/N Y/N	Y/N Y/N	Y/N Y/N		
ANTIBIOTICS	** If antibiotics were administered today, were they prescribed: (1) For prophylaxis? (2) As a substitution? Please consult with the SI before answering.	N/A	N/A	N/A	Y / N Y / N	Y / N Y / N	Y/N Y/N		

^{**}If you responded NO to both each day, then flag for infection adjudication (to be done by SI after all daily data and ICU outcomes have been collected.

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	Study Day	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12
DD/	MMM/YYYY						
	Study Supplement Volume (mL)						
ENTERAL	Protocol Violation = 0-383 mL (fax violation to form to CERU within 24 hrs)						
ENTE	Protocol Deviation = 384-479 mL (reason for deviation)	_	_	_	_		
	Study Supplement Volume (mL)						
RAL	Protocol Violation = 0-215 mL (fax violation to form to CERU within 24 hrs)			_	_	п	□
PARENTERAL	Protocol Deviation = 216-239 mL or > 240 mL (reason for deviation)	_	0	П	_	О	_
<u> </u>	Route: (C)entral or (P)eripheral						
	If Peripheral, Phlebitis/extravasations	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
SAE	Is there an SAE today that is SERIOUS and UNEXPECTED? (If yes, fax within 24 hrs to Project Leader)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

AFT	AFTER 72 HOURS FROM ICU ADMISSION								
Stu	dy Day	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12		
DD/	MMM/YYYY								
MICRO	**If positive, is culture: (3) A routine surveillance swab? (4) A previously diagnosed infection? Please consult with SI before answering.	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N		
ANTIBIOTICS	** If antibiotics were administered today, were they prescribed: (3) For prophylaxis? (4) As a substitution? Please consult with the SI before answering.	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N		

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	Study Day	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18
DD/	MMM/YYYY						
	Study Supplement Volume (mL)						
ENTERAL	Protocol Violation = 0-383 mL (fax violation to form to CERU within 24 hrs)						
ENTE	Protocol Deviation = 384-479 mL (reason for deviation)		0				
	Study Supplement Volume (mL)						
RAL	Protocol Violation = 0-215 mL (fax violation to form to CERU within 24 hrs)			_		П	
PARENTERAL	Protocol Deviation = 216-239 mL or > 240 mL (reason for deviation)	О	О	0	О	О	_
"	Route: (C)entral or (P)eripheral						
	If Peripheral, Phlebitis/extravasations	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
SAE	Is there an SAE today that is SERIOUS and UNEXPECTED? (If yes, fax within 24 hrs to Project Leader)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

AFT	AFTER 72 HOURS FROM ICU ADMISSION									
Stu	dy Day	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18			
DD/	MMM/YYYY									
MICRO	**If positive, is culture: (5) A routine surveillance swab? (6) A previously diagnosed infection? Please consult with SI before answering.	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y / N Y / N			
ANTIBIOTICS	** If antibiotics were administered today, were they prescribed: (5) For prophylaxis? (6) As a substitution? Please consult with the SI before answering.	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N			

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Study Day		Day 19	Day 20	Day 21	Day 22	Day 23	Day 24
DD/	MMM/YYYY						
	Study Supplement Volume (mL)						
RAL	Protocol Violation = 0-383 mL (fax violation to form to CERU within 24 hrs)		_	_	_	_	
ENTERAL	Protocol Deviation = 384-479 mL (reason for deviation)	_	_	_	_	_	
	Study Supplement Volume (mL)						
SAL	Protocol Violation = 0-215 mL (fax violation to form to CERU within 24 hrs)						
PARENTERAL	Protocol Deviation = 216-239 mL or > 240 mL (reason for deviation)	_	0	0	_	_	
_ ₽	Route: (C)entral or (P)eripheral						
	If Peripheral, Phlebitis/extravasations	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
SAE	Is there an SAE today that is SERIOUS and UNEXPECTED? (If yes, fax within 24 hrs to Project Leader)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

AF1	AFTER 72 HOURS FROM ICU ADMISSION								
Stu	dy Day	Day 19	Day 20	Day 21	Day 22	Day 23	Day 24		
DD/MMM/YYYY									
MICRO	**If positive, is culture: (7) A routine surveillance swab? (8) A previously diagnosed infection? Please consult with SI before answering.	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N		
ANTIBIOTICS	** If antibiotics were administered today, were they prescribed: (7) For prophylaxis? (8) As a substitution? Please consult with the SI before answering.	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N		

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Study Day		Day 25	Day 26	Day 27	Day 28	Day 29	Day 30
DD/	DD/MMM/YYYY						
	Study Supplement Volume (mL)						
ENTERAL	Protocol Violation = 0-383 mL (fax violation to form to CERU within 24 hrs)						
ENTE	Protocol Deviation = 384-479 mL (reason for deviation)	_	_	_	_	_	0
	Study Supplement Volume (mL)						
RAL	Protocol Violation = 0-215 mL (fax violation to form to CERU within 24 hrs)	О	О			О	_
PARENTERAL	Protocol Deviation = 216-239 mL or > 240 mL (reason for deviation)	П	0	0	0	0	0
۳.	Route: (C)entral or (P)eripheral						
	If Peripheral, Phlebitis/extravasations	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
SAE	Is there an SAE today that is SERIOUS and UNEXPECTED? (If yes, fax within 24 hrs to Project Leader)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

AFT	AFTER 72 HOURS FROM ICU ADMISSION									
Study Day		Day 25	Day 26	Day 27	Day 28	Day 29	Day 30			
DD/MMM/YYYY										
MICRO	**If positive, is culture: (9) A routine surveillance swab? (10) A previously diagnosed infection? Please consult with SI before answering.	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y / N Y / N			
ANTIBIOTICS	** If antibiotics were administered today, were they prescribed: (9) For prophylaxis? (10) As a substitution? Please consult with the SI before answering.	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N			

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