

## C1 Inhibitor in Canine Intravascular Hemolysis (C1INCH)

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Patient: \_\_\_\_\_

Client: \_\_\_\_\_

Hospital Case Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Study Site: \_\_\_\_\_

Consent signed: YES

Breed: \_\_\_\_\_

Sex/Neuter status: \_\_\_\_\_

Age/DOB: \_\_\_\_\_

Bodyweight: \_\_\_\_\_

Prior medical history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Day 1 checklist:

- |  |   |
|--|---|
| <input type="checkbox"/> Study blood samples collected | <input type="checkbox"/> In-saline agglutination test or Coombs' test |
| <input type="checkbox"/> CBC                           | <input type="checkbox"/> Serum chemistry                              |
| <input type="checkbox"/> Thoracic radiography          | <input type="checkbox"/> Abdominal ultrasound                         |
| <input type="checkbox"/> Urinalysis                    | <input type="checkbox"/> Tick-borne disease testing                   |

Randomization code: \_\_\_\_\_

Randomized in-hours

Randomized out-of-hours

### Day 2 checklist:

- Study blood samples collected

### Day 4 checklist:

- Study blood samples collected

### Day 3 checklist:

- Study blood samples collected

### Day 5 checklist:

- Study blood samples collected

### Record discharge status:

- Survived to hospital discharge     Died     Euthanized (Reason: \_\_\_\_\_)

Date of discharge: \_\_\_\_\_

Duration of hospitalization: \_\_\_\_\_

# RBC transfusions: \_\_\_\_\_

Volume of RBCs (mL/kg) \_\_\_\_\_

- Drug administered?

Adverse events at time of administration?  Y  N

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

- Rescue therapy administered?

Drug(s) administered: \_\_\_\_\_

Provide details regarding rationale: \_\_\_\_\_

\_\_\_\_\_

**C1 Inhibitor in Canine Intravascular Hemolysis (C1INCH)**

**Follow-up +7d**

What is the dog's clinical status? \_\_\_\_\_

What medications is the dog taking at home? \_\_\_\_\_  
\_\_\_\_\_

Current clinical signs? \_\_\_\_\_  
\_\_\_\_\_

**Follow-up +14d**

What is the dog's clinical status? \_\_\_\_\_

What medications is the dog taking at home? \_\_\_\_\_  
\_\_\_\_\_

Current clinical signs? \_\_\_\_\_  
\_\_\_\_\_

**Follow-up +28d**

What is the dog's clinical status? \_\_\_\_\_

What medications is the dog taking at home? \_\_\_\_\_  
\_\_\_\_\_

Current clinical signs? \_\_\_\_\_  
\_\_\_\_\_

Any other notes:

\_\_\_\_\_