

Case Report Form

Clinical Trial 1-2017-K9

Evaluation of Stable Plate RXTM in Thrombocytopenic Canine Patients: A Multicenter Clinical Trial

Patient ID: _____

Client ID: _____

Hospital Case Number: _____

Study Site: _____

Randomization Assignment: Test Article Control

Consent Signed: YES Uploaded: YES

**If Consent Letter is not signed and filed on the bodevet website within 8 hours of acceptance in the study, compensation for laboratory testing in this patient may be compromised.*

Contact Information (Client)

NAME: _____

ADDRESS: _____

PHONE: Home _____

Cell _____

EMAIL: _____

Signalment (Patient)

NAME: _____

BREED: _____

DOB: _____

SEX: _____ INTACT NEUTER

DESCRIPTION (Color, haircoat): _____

Previous illness, thrombocytopenic episodes or surgery:

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TIMEPOINT ZERO (0)

PATIENT IDENTIFICATION: _____

PATIENT NAME: _____

Physical examination: Please complete your standard physical examination form and upload to the website.

Temperature: _____ °F Pulse Rate: _____ Pulse quality: _____

Respiratory Rate: _____ Respiratory characterization: _____

Notable abnormalities: _____

Weight: _____ (kg)

DOGIBAT Score: _____ Please upload score card to the website.

CBC: Please scan and upload your CBC data to the website.

RBC: _____ Hematocrit: _____ WBC: _____

Platelets: _____ Manual confirmation: YES NO

MPV: _____

BMBT: _____ ANATOMICAL LOCATION OF TEST: _____

Prothrombin Time: _____ Normal range: _____

Activated Prothrombin Time: _____ Normal range: _____

TEG abnormalities: (if performed) _____

TGA (if performed) Mean Peak Thrombin _____

Mean Lag Time _____

Notable biochemical abnormalities: _____

Current medications:

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TIMEPOINT 1 HOUR POSTADMINISTRATION (1)

PATIENT IDENTIFICATION: _____

PATIENT NAME: _____

Physical examination: Please complete your standard physical examination form and upload to the website.

Temperature: _____ °F Pulse Rate: _____ Pulse quality: _____

Respiratory Rate: _____ Respiratory characterization: _____

Notable abnormalities: _____

Weight: _____ (kg)

DOGIBAT Score: _____ Please upload score card to the website.

CBC: Please scan and upload your CBC data to the website.

RBC: _____ Hematocrit: _____ WBC: _____

Platelets: _____ Manual confirmation: YES NO

MPV: _____

BMBT: _____ ANATOMICAL LOCATION OF TEST: _____

Prothrombin Time: _____ Normal range: _____

Activated Prothrombin Time: _____ Normal range: _____

TEG abnormalities: (if performed) _____

TGA (if performed) Mean Peak Thrombin _____

Mean Lag Time _____

Notable biochemical abnormalities: _____

Current medications:

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TIMEPOINT 24 POSTADMINISTRATION (3)

PATIENT IDENTIFICATION: _____

PATIENT NAME: _____

Physical examination: Please complete your standard physical examination form and upload to the website.

Temperature: _____ °F Pulse Rate: _____ Pulse quality: _____

Respiratory Rate: _____ Respiratory characterization: _____

Notable abnormalities: _____

Weight: _____ (kg)

DOGIBAT Score: _____ Please upload score card to the website.

CBC: Please scan and upload your CBC data to the website.

RBC: _____ Hematocrit: _____ WBC: _____

Platelets: _____ Manual confirmation: YES NO

MPV: _____

BMBT: _____ ANATOMICAL LOCATION OF TEST: _____

Prothrombin Time: _____ Normal range: _____

Activated Prothrombin Time: _____ Normal range: _____

TEG abnormalities: (if performed) _____

TGA (if performed) Mean Peak Thrombin _____

Mean Lag Time _____

Notable biochemical abnormalities: _____

Current medications:

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DISCHARGE DATE: _____

DISCHARGE MEDICATIONS: _____

THROMBOCYTOPENIC? YES NO

TOTAL HOSPITAL STAY(in days): _____

HAVE ALL MATERIALS BEEN UPLOADED TO THE WEBSITE? _____ Initial here

FOLLOWUP PHONE CALL (WEEK 1 POST DISCHARGE)

What is the dog's clinical status? _____

What medications is the dog taking at home? _____

Bleeding episodes noted at home? _____

Vomiting YES NO

Diarrhea YES NO

Hematemesis YES NO

Hematochezia YES NO

Platelet count if known _____

FOLLOWUP PHONE CALL (WEEK 2 POST DISCHARGE)

What is the dog's clinical status? _____

What medications is the dog taking at home? _____

Bleeding episodes noted at home? _____

Vomiting YES NO

Diarrhea YES NO

Hematemesis YES NO

Hematochezia YES NO

Platelet count if known _____
