

Instructions: Complete one form for each retreatment.

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number - -

A2. Acrostic Identifier

A3. Date of IVIG retreatment / /
M M / D D / Y Y Y Y

A4. Name of person completing form _____
PRINT FULL NAME

Section B: IVIG PRE-TREATMENT DATA

B1. Pre-medication with diphenhydramine HCl (Benadryl®)
 YES ... 1 NO2 (C1) UNKNOWN..... -8 (C1)

B2. Date given / /
M M / D D / Y Y Y Y

B3. Time given :

a. AM 1 PM2 24-HOUR ...3

B4. Route IV 1 ORAL2

B5. Dose (1mg/kg) mg

Section C: IVIG RETREATMENT DATA

C1. Primary reason for retreatment PERSISTENT FEVER..... 1
 RECRUDESCENT FEVER 2
 CORONARY ARTERY ABNORMALITIES..... 3
 PATIENT AT VERY HIGH RISK 4
 OTHER..... 99

a. Specify: _____

C2. Date IVIG retreatment **started** / /
M M / D D / Y Y Y Y

C3. Time IVIG retreatment **started** :

a. AM1 PM2 24-HOUR ... 3

C4. Retreatment dose (2 g/kg) _____ g

- C5. IVIG brand
 - GAMMA IV (ARMOUR) 1
 - GAMMAGUARD S/D (BAXTER) 2
 - GAMMAGUARD (BAXTER/HYLAND)..... 3
 - GAMMIMUNE (MILES/CUTTER) 4
 - IVEEGAM-EN (BAXTER/HYLAND)..... 5
 - PANGLOBULIN (RED CROSS)..... 6
 - POLYGAM (RED CROSS) 7
 - VENOGLOBULIN S (ALPHA)..... 8
 - OTHER 99

a. Specify: _____

UNKNOWN.....-8

C6. Retreatment dose **modified** YES..... 1 NO 2 (C7)

a. Modified dose _____ g

C7. Retreatment **interrupted** YES..... 1 NO 2 (C8)

Reason for interruption

a. Stopped by physician YES 1 NO 2

b. Reaction to IVIG YES 1 NO 2

If 'YES', complete Adverse Event Form K010

c. Dislodged IV YES 1 NO 2

d. Other YES 1 NO 2

d.1. Specify: _____

C8. Was IVIG retreatment **completed** YES..... 1 NO 2 (D1)

a. Date IVIG completed
_____/_____/_____
M M D D Y Y Y Y

b. Time IVIG completed
____ : ____

b.1. AM 1 PM..... 2 24-HOUR 3

Section D: STEROID THERAPY (NOT INCLUDING STUDY DRUG)

D1. Additional steroid therapy at retreatment YES.....1 NO.....2 (END)

a. Number of steroid treatments associated with retreatment ___ ___

b. Steroid given (See Code List D) ___ ___ . ___ ___

1. If 'Other', specify: _____

D2. Date given / /

D3. Time given ___ ___ : ___ ___

a. AM..... 1 PM.....2 24-HOUR3

D4. Route IV.....1 ORAL..... 2

D5. Steroid dose (total milligrams given) ___ ___ ___ ___ mg