

**AE Flow Sheets
N0577**

Patient Name: _____

Patient ID: _____

Cycle: _____

Date of Evaluation: _____

<u>AE's To Be Evaluated Each Cycle</u>	<u>GRADE</u>					<u>ATTRIBUTION:</u> 1-unrelated, 2-unlikely, 3-possible 4-probable, 5-definite						
Platelets	0	1	2	3	4	5	1	2	3	4	5	
Hemoglobin	0	1	2	3	4	5	1	2	3	4	5	
Absolute neutrophil count	0	1	2	3	4	5	1	2	3	4	5	
Cough	0	1	2	3	4	5	1	2	3	4	5	
Dyspnea	0	1	2	3	4	5	1	2	3	4	5	
Rash/desquamation	0	1	2	3	4	5	1	2	3	4	5	
Keratitis	0	1	2	3	4	5	1	2	3	4	5	
Diarrhea	0	1	2	3	4	5	1	2	3	4	5	
Nausea	0	1	2	3	4	5	1	2	3	4	5	
Other Adverse Events?		Yes		No		If yes, specify below.						
ADVERSE EVENT	SPECIFY AE	GRADE					ATTRIBUTION					
CTCAE version 4.0 unless otherwise stated	ex. Fatigue	0	1	2	3	4	5	1	2	3	4	5
		0	1	2	3	4	5	1	2	3	4	5
		0	1	2	3	4	5	1	2	3	4	5
		0	1	2	3	4	5	1	2	3	4	5
		0	1	2	3	4	5	1	2	3	4	5
		0	1	2	3	4	5	1	2	3	4	5
		0	1	2	3	4	5	1	2	3	4	5
		0	1	2	3	4	5	1	2	3	4	5
		0	1	2	3	4	5	1	2	3	4	5
		0	1	2	3	4	5	1	2	3	4	5
		0	1	2	3	4	5	1	2	3	4	5

PERFORMANCE STATUS: 0 1 2 3 4

INVESTIGATOR SIGNATURE: _____ **DATE:** _____