

**AE Flow Sheets
E4512-Baseline**

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						
	0	1	2	3	4	5	1	2	3	4	5	
Anemia	0	1	2	3	4	5	1	2	3	4	5	
Sinus bradycardia	0	1	2	3	4	5	1	2	3	4	5	
Visual impairment	0	1	2	3	4	5	1	2	3	4	5	
Flashing lights	0	1	2	3	4	5	1	2	3	4	5	
Abdominal pain	0	1	2	3	4	5	1	2	3	4	5	
Constipation	0	1	2	3	4	5	1	2	3	4	5	
Diarrhea	0	1	2	3	4	5	1	2	3	4	5	
Mucositis oral	0	1	2	3	4	5	1	2	3	4	5	
Nausea	0	1	2	3	4	5	1	2	3	4	5	
Vomiting	0	1	2	3	4	5	1	2	3	4	5	
Edema limbs	0	1	2	3	4	5	1	2	3	4	5	
Fatigue	0	1	2	3	4	5	1	2	3	4	5	
Alanine aminotransferase increased	0	1	2	3	4	5	1	2	3	4	5	
Aspartate aminotransferase increased	0	1	2	3	4	5	1	2	3	4	5	
Blood bilirubin increased	0	1	2	3	4	5	1	2	3	4	5	
Electrocardiogram QT corrected interval prolonged	0	1	2	3	4	5	1	2	3	4	5	
Neutrophil count decreased	0	1	2	3	4	5	1	2	3	4	5	
White blood cell decreased	0	1	2	3	4	5	1	2	3	4	5	
Anorexia	0	1	2	3	4	5	1	2	3	4	5	
Dizziness	0	1	2	3	4	5	1	2	3	4	5	
Dysgeusia	0	1	2	3	4	5	1	2	3	4	5	
Headache	0	1	2	3	4	5	1	2	3	4	5	
Neuropathy	0	1	2	3	4	5	1	2	3	4	5	
Pneumonitis	0	1	2	3	4	5	1	2	3	4	5	
Rash	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

OF STOOLS/DAY: 0 1 2 3

PERFORMANCE STATUS: 0 1 2 3 4

INVESTIGATOR SIGNATURE: _____ **DATE:** _____