

S49r1 Central Venous Line

Ad Hoc Event ID _____

Visit Date (yyyy/mm/dd): _____

Correction Yes
 No

1. Central Venous Line

1A. Did patient have a CVL prior to randomization? Yes
 No

1B. Did patient have a CVL placed after randomization? Yes
 No

1C. Was the CVL placed specifically for the SIT Trial? Yes
 No

1D. Did the patient have a CVL complication (i.e. line infection)? Yes
 No

1D-1. If YES, what was the event date (yyyy/mm/dd)? _____

If YES, complete Adverse Event Report (NonCVA) Form, S25r1, and Infection Complication Form, S26r0.

Staff I.D. #: _____