

	Bolus Start Time: _____ am / pm *All timepoints are from initiation of the first PB2452 vial (bolus)						
Visit / Timepoint *	0 mins <sup>A</sup>	2.1 5-10 mins	2.2 30 ±5 mins	2.3 1 ± 0.25 hr	2.4 4 ± 0.25 hr	2.5 12 ± 0.5 hr	2.6 24 ± 1 hr
Date / Time						<i>Additional assessments are required – see Visit 2.5 source document worksheets.</i>	
Blood Pressure (mmHg)							
Location (arm or leg) (right or left)							
Heart Rate (beats per min)							
Respiratory rate (breaths per min)							
Temperature Note Method if not oral (°C or °F)							
Any changes in AEs or SAE? If yes, record on AE worksheet							
Pre-Dose Infusion Site Assessment Any changes in Infusion Site Reactions during and post infusion? If yes, record on AE worksheet							
Completed by: Initials							

**Changes in vital signs since baseline/visit 1 must be recorded as an Adverse Event on the Adverse Event eCRF page if deemed clinically relevant**

**Reminders:**

- <sup>A</sup> Perform infusion site assessment pre-infusion. Post start of infusion, perform infusion site reaction assessments at designated time points
- Complete the Blood Draw Worksheet and record any changes in con-meds on the con medication source document
- Bleeding- update bleed location and hemostasis assessment source for time that hemostasis is achieved
- Surgery / procedures – complete source worksheet for each procedure, including bedside supportive measures