Visit 5 – Day 35 (± 3) TeleHealth Visit

Date of Visit: _____/_____/_____Provide comment if not completed:

_____

Was the visit performed as a telehealth visit due to COVID-19 restrictions?

☐ Yes ☐ No If no, specify reason for telehealth visit

Person contacted for Telehealth Visit:

☐ Patient

☐ Legally Authorized Representative

Note: All information collected per the Telehealth visit is per subject or LAR verbal report.

Inform Patient that a return to clinic visit is required within 30 days to collect safety labs and complete study procedures.

Scheduled Date of Return Visit: _____/_____/_____

DISCHARGE:

Has the patient been discharged since Visit 4? ☐ No / previously discharged ☐ Yes

If yes, discharge date: _____/_____/_____ Discharge time: _____ am / pm

Facility to which Patient was transferred or discharged:

- ☐ Home
- ☐ Nursing facility
- ☐ Rehab
- ☐ Hospice facility
- ☐ Other hospital unit: specify: _____

ANTICOAGULANT THERAPY

Did patient restart antiplatelet therapy since last visit?

☐ No - reason not restarted:

- ☐ Not indicated
- ☐ Continued bleed risk
- ☐ Pending surgery or other procedure
- ☐ Other _____

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☐ Yes – record details on Concomitant medication page

Name of antiplatelet therapy started: _____

CONCOMITANT MEDICATIONS, ADVERSE EVENTS, INFUSION SITE REACTIONS

Any new, or changes, in concomitant medications, Adverse Events or Infusion Site Reactions since last visit? ☐ No ☐ Yes*

**If yes, complete the applicable worksheet(s)*

VITAL STATUS

Reminders: *Patients who withdraw from the study early should be requested to be contacted for vital status at the end of their planned study period (Day 35).*

The status of this patient is: ☐ Alive ☐ Deceased* ☐ Lost to follow-up

*If patient has died, complete an SAE report

Date of death: _____ Cause of death: _____

SIGNATURE SECTION –Source Documents Completed by:

_____ _____ ____/____/____
Printed Name and qualification(s) Signature Date

PI SIGNATURE SECTION – Principal Investigator signature is required below to signify review:

_____ _____ ____/____/____
Printed Name Signature Date