**Study Drug Prescription Chart**

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| --- | --- | --- | --- |
| **Protocol Number** |  | **Site Name** |  |
| **PI Name** |  | **Site Number** |  |

Trial Name: SepTiC – Sepsis Trials in Critical Care

Clinical Areas: ICU

Chief Investigator: Prof Anthony Gordon

**All fields must be completed:**

|  |  |
| --- | --- |
| **PATIENT DETAILS (or attached addressograph)**  FIRST NAME: ……………………….………………………….  SURNAME: ……………………….…………………………….  DATE OF BIRTH: ……….…….……………………………….  HOSPITAL NUMBER: ...…………………………………….. | RANDOMISED BY: ……………………………………………  DATE: ………………………………….  PATIENT ID: …………………………  STUDY DRUG ID: …………………. |

SepTiC Study drug: Sargramostim (GM-CSF) 250mcg or 500mcg/Placebo powder for solution as a subcutaneous injection. Reconstitute with a vial of liquid to the powdered IMP vial (Sterile Water for Injection or Sterile Bacteriostatic Water for Injection)

PATIENT WEIGHT [kg]: \_\_\_\_\_\_\_*(actual or estimated)*

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| --- | --- |
| **Prescriber’s Name:** |  |
| **Prescriber’s Bleep:** |  |
| **Date:** |  |
| **Signature:** |  |

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| --- | --- | --- |
| **Study Drug prepared by**  **(Name, Date, Initials):** | *Name:*  *Date:*  *Initials:* | *Name:*  *Date:*  *Initials:* |
| **No. of vials used (to be completed by bedside nurse):**  *Time/Date:*  *Signature:* | **Day 1:** number of vials:- | **Day 2:** number of vials:- |
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| --- | --- | --- |
| **Study Drug prepared by**  **(Name, Date, Initials):** | *Name:*  *Date:*  *Initials:* | *Name:*  *Date:*  *Initials:* |
| **No. of vials used (to be completed by bedside nurse):**  *Time/Date:*  *Signature:* | **Day 3:** number of vials:- | **Day 4:** number of vials:- |
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| --- | --- | --- |
| **Study Drug prepared by**  **(Name, Date, Initials):** | *Name:*  *Date:*  *Initials:* | *Name:*  *Date:*  *Initials:* |
| **No. of vials used (to be completed by bedside nurse):**  *Time/Date:*  *Signature:* | **Day 5:** number of vials:- | **Day 6:** number of vials:- |
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| --- | --- | --- |
| **Study Drug prepared by**  **(Name, Date, Initials):** | *Name:*  *Date:*  *Initials:* | *Name:*  *Date:*  *Initials:* |
| **No. of vials used (to be completed by bedside nurse):**  *Time/Date:*  *Signature:* | **Day 7:** number of vials:- | **Day 8:** number of vials:- |
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