

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number _____ - _____ - _____ - _____

A2. Acrostic Identifier _____

A3. Date of hospital **admission** _____ / _____ / _____
 M M D D Y Y Y Y

A4. Date of hospital **discharge** _____ / _____ / _____
 M M D D Y Y Y Y

A5. Name of person completing form _____
 PRINT FULL NAME

Section B: TEMPERATURE DATA

B1. Date of study day 0 (enrollment) _____ / _____ / _____
 M M D D Y Y Y Y

Time	1. Temperature Recorded		2. Result Temperature (°C)	3. Method			
	YES	NO		Rectal	Oral	Axillary	Tympanic
a. 6 AM	1	2 (B1b)	____ . ____ °C	1	2	3	4
b. 12 noon	1	2 (B1c)	____ . ____ °C	1	2	3	4
c. 6 PM	1	2 (B1d)	____ . ____ °C	1	2	3	4
d. 12 AM	1	2 (B1e)	____ . ____ °C	1	2	3	4
e. T _{max} (24 hr)	1	2 (B2)	____ . ____ °C	1	2	3	4

B2. Date of study day 1

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M M / D D / Y Y Y Y

Time	1. Temperature Recorded		2. Result Temperature (°C)	3. Method			
	YES	NO		Rectal	Oral	Axillary	Tympanic
a. 6 AM	1	2 (B2b)	__ __ . __ °C	1	2	3	4
b. 12 noon	1	2 (B2c)	__ __ . __ °C	1	2	3	4
c. 6 PM	1	2 (B2d)	__ __ . __ °C	1	2	3	4
d. 12 AM	1	2 (B2e)	__ __ . __ °C	1	2	3	4
e. T _{max} (24 hr)	1	2 (B3)	__ __ . __ °C	1	2	3	4

B3. Date of study day 2

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M M / D D / Y Y Y Y

Time	1. Temperature Recorded		2. Result Temperature (°C)	3. Method			
	YES	NO		Rectal	Oral	Axillary	Tympanic
a. 6 AM	1	2 (B3b)	__ __ . __ °C	1	2	3	4
b. 12 noon	1	2 (B3c)	__ __ . __ °C	1	2	3	4
c. 6 PM	1	2 (B3d)	__ __ . __ °C	1	2	3	4
d. 12 AM	1	2 (B3e)	__ __ . __ °C	1	2	3	4
e. T _{max} (24 hr)	1	2 (B4)	__ __ . __ °C	1	2	3	4

B4. Date of study day 3

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M M / D D / Y Y Y Y

Time	1. Temperature Recorded		2. Result	3. Method			
	YES	NO		Rectal	Oral	Axillary	Tympanic
a. 6 AM	1	2 (B4b)	___ __. ___ °C	1	2	3	4
b. 12 noon	1	2 (B4c)	___ __. ___ °C	1	2	3	4
c. 6 PM	1	2 (B4d)	___ __. ___ °C	1	2	3	4
d. 12 AM	1	2 (B4e)	___ __. ___ °C	1	2	3	4
e. T _{max} (24 hr)	1	2 (B5)	___ __. ___ °C	1	2	3	4

B5. Date of study day 4

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M M / D D / Y Y Y Y

Time	1. Temperature Recorded		2. Result	3. Method			
	YES	NO		Rectal	Oral	Axillary	Tympanic
a. 6 AM	1	2 (B5b)	___ __. ___ °C	1	2	3	4
b. 12 noon	1	2 (B5c)	___ __. ___ °C	1	2	3	4
c. 6 PM	1	2 (B5d)	___ __. ___ °C	1	2	3	4
d. 12 AM	1	2 (B5e)	___ __. ___ °C	1	2	3	4
e. T _{max} (24 hr)	1	2 (B6)	___ __. ___ °C	1	2	3	4

B6. Date of study day 5

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M M / D D / Y Y Y Y

Time	1. Temperature Recorded		2. Result	3. Method			
	YES	NO		Rectal	Oral	Axillary	Tympanic
a. 6 AM	1	2 (B6b)	___ ___. ___ °C	1	2	3	4
b. 12 noon	1	2 (B6c)	___ ___. ___ °C	1	2	3	4
c. 6 PM	1	2 (B6d)	___ ___. ___ °C	1	2	3	4
d. 12 AM	1	2 (B6e)	___ ___. ___ °C	1	2	3	4
e. T _{max} (24 hr)	1	2 (B7)	___ ___. ___ °C	1	2	3	4

B7. Date of study day 6

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M M / D D / Y Y Y Y

Time	1. Temperature Recorded		2. Result	3. Method			
	YES	NO		Rectal	Oral	Axillary	Tympanic
a. 6 AM	1	2 (B7b)	___ ___. ___ °C	1	2	3	4
b. 12 noon	1	2 (B7c)	___ ___. ___ °C	1	2	3	4
c. 6 PM	1	2 (B7d)	___ ___. ___ °C	1	2	3	4
d. 12 AM	1	2 (B7e)	___ ___. ___ °C	1	2	3	4
e. T _{max} (24 hr)	1	2 (B8)	___ ___. ___ °C	1	2	3	4

B8. Was patient discharged with a fever? YES 1 NO 2

If YES: Complete Form K07A	If NO: Complete Form K07B
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Section C: HOSPITAL EVENTS

C1. Adverse event (**See Code List E**) YES 1 NO 2 (**C2**)

a. Number of adverse events ___ ___ **Complete Adverse Event Form K010**

C2. Did patient receive IVIG retreatment YES 1 NO 2 (**END**)

a. Number of retreatments ___ ___ **Complete Retreatment Form K011**