CRC # IRB #

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Indiana University Hospital (IU)

Study Title

 Confidential Information Protected by the Indiana Peer Review Act
 The person initiating entry should write legibly, date the form (using Mo / Day / Yr), enter time, sign, and indicate their title.

Until signed, these are for general information and reference only. They should not be relied on as advice for a particular patient or situation or as a substitute for the independent professional judgment of the physician.



Indiana University Health

Date	Time	Orders Visit ID							
		Partici	Height cm Weight kg pant Study ID#:	Admit :	as:	 Outpatient Inpatient Call Orders • 	mpleted)		
			page						
		Genera							
			IV Care- please document where Place 1 IVHLs or access infusion de	-	empts	were made.			
		Hypersensitivity / Anaphylaxis Precautions ☑ Follow CRC orders for Injectable/Intravenous Drug-Induced Allergy/Hypersensitivity Reaction Assessments ☑ Ex. Obtain vital signs upon arrival after resting for 10 minutes ☑ Ex. Physical exam ☑ Ex. ECG							
		Treatm 또					ites		
		RN Ver	rification:	RN Verification	on:				
Practitioner Signature				Printed Name		Pager			
Entered by	/:			Order Entry Verified					
Sent to Pharmacy by:			(Tube / Fax / Copy)	Date		Time			
Created by: Approved by VX_Date_Initials			Physician Order Set CRC # 2057 IRB # 1504236085 Acct # 59-826-54			al Record - Original harmacy - Copy	T-5		

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Indiana University Health

Date	Time	Orders Visit ID					
		Laboratory					
		To CRC Lab: 区 To CTSL Lab: 区					
	Discharge						
	Ex. Participant may be discharged upon completion study procedures, VSS and asymptomatic						
		For patient-related questions or concerns, page Drat If MD does not call back within 30 minutes and has been paged twice, callat					

			Pa	ger
Sent to Pharmacy by:		Date Time		
Created by: Approved by VX_Date_Initials	Physician Order Set CRC # 2057 IRB # 1504236085 Acct # 59-826-54		Medical Record - Original Pharmacy - Copy	T-5