**Adverse Event Form**

**(CHECK (√) or COMPLETE ALL SECTIONS THAT APPLY):**

Laboratory Values (only if applicable)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Liver function tests | Value | Complete Blood Count | Value | Chemistry Panel | Value |
| Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |  | Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |  | Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |  |
| AST (0–35 U/L) |  | Hemoglobin (Men: 14–17 g/dL, Women: 12–16 g/dL) |  | Na (Sodium) (136–150 meq/L) |  |
| ALT (0–35 U/L) |  | Hematocrit (Men: 41%–51%, Women: 36%–47%) |  | K (Potassium) (3.5–5.0 meq/L) |  |
| Alk Phos (36 – 92 U/L) |  | White Blood Cell Count (4.0–10 x 109 /L) |  | BUN (urea nitrogen) (8–20 mg/dL) |  |
| T. Bili (0.3–1.2 mg/dL) |  | Platelets (150–350 x 109 /L) |  | Cr (Creatinine) (0.7 – 1.3 mg/dL) |  |
| (Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | (Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | (Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

\*Normal ranges may vary from site to site; these values are provided here for general reference

**FILL OUT ONLY FOR ADVERSE EVENTS:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Symptom Related DOSE  # | Rx  Stopped or Held | Date  Symptom Began | Symptom Onset after Dose | Symptom Duration | Hospital  Admission | Medication Re-challenge | Outcome |
|  | Yes  No |  | < 2 hrs  2 – 48hrs  > 48hrs  Unknown | < 1 day \_\_\_\_\_\_ hrs  > 1 day \_\_\_\_\_ days  Unknown | Yes  No  Unknown | Yes  INH re-challenge  RIF/RPT re-challenge  No  Unknown | Continue INH/RPT  Switch to INH for 6 or 9 months  Switch to Rifampin for 4 months  Stopped any LTBI treatment  Unknown |
|  | Yes  No |  | < 2 hrs  2 – 48hrs  > 48hrs  Unknown | < 1 day \_\_\_\_\_\_ hrs  > 1 day \_\_\_\_\_ days  Unknown | Yes  No  Unknown | Yes  INH re-challenge  RIF/RPT re-challenge  No  Unknown | Continue INH/RPT  Switch to INH for 6 or 9 months  Switch to Rifampin for 4 months  Stopped any LTBI Treatment  Unknown |

Comment: Please (briefly) describe the adverse event, including symptoms, time of onset in relation to last INH-RPT dose, duration and resolution and any other factors (other medical conditions, medications). Enter comments in text box below: