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| --- | --- | --- | --- |
| **Animal:** |  | **Date:** |  |
| (Case ID) |  |  | (DDMMMYY) |

STUDY CHECKLIST

|  |  |  |  |
| --- | --- | --- | --- |
| **Study (Day) Week** | **Date**  (DDMMMYY) | **Procedures** | **Estimated Length of Visit\*\*** |
| Pre-Enrollment  (can be performed on Day 0) |  | Physical examination  CBC, chemistry profile, and urinalysis  Chest x-rays  Abdominal ultrasound  Tumor Biopsy  (The above are listed as examples; please include any diagnostic tests or samples needed prior to treatment) |  |
| Day 0 / Week 0 |  | Sign informed consent  Complete quality of life assessment  Physical examination  Measurement of target lesions  (Photos of target lesions)  Study sample collection  Drug Administration  Dispense any study drugs to administer at home | This visit will likely take ~XXX hours |
| Week 1 |  | Physical examination  Please include all diagnostic test to be performed for each study visit as well as all study samples to be collected |  |

**\*\*Please note that these times are estimates. Your visit may be longer or shorter depending on time required to get test results and staffing.**