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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 examinationCBC, chemistry profile, and urinalysisChest x-raysAbdominal ultrasoundTumor Biopsy(The above are listed as examples; please include any diagnostic tests or samples needed prior to treatment) |  |
| Day 0 / Week 0 |  | Sign informed consentComplete quality of life assessmentPhysical examinationMeasurement of target lesions (Photos of target lesions)Study sample collectionDrug AdministrationDispense any study drugs to administer at home | This visit will likely take ~XXX hours |
| Week 1 |  | Physical examinationPlease 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.**