



BALANCE RCT #067

Plate #001

Visit #000

Patient ID

Input boxes for Patient ID

**ELIGIBILITY CRITERIA FORM 1.1 (page 1 of 2)**

**Eligibility Criteria: Must meet both inclusion criteria, and none of exclusion criteria**

**Inclusion Criteria**

- 1. Patient is in ICU or under the care of an ICU physician at time the blood culture is drawn or reported as positive AND
- 2. Patient has a positive blood culture with pathogenic bacteria (Please refer to case report form instructions for details, organism codes table).

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Exclusion Criteria**

- 1. Patient already enrolled in the trial
- 2. Patient has severe immune system compromise, as defined by: absolute neutrophil count <0.5x10<sup>9</sup>/L or is receiving immunosuppressive treatment for solid organ or cell transplant
- 3. Patient has a prosthetic heart valve or synthetic endovascular graft
- 4. Patient has documented or strong suspicion of syndrome with well-defined requirement for prolonged treatment:
  - infective endocarditis
  - undrainable/undrained abscess
  - osteomyelitis/septic arthritis
  - unremovable/unremoved prosthetic material
- 5. Patient has a single positive blood culture with a common contaminant organism according to Clinical Laboratory & Standards Institute (CLSI) Guidelines:
  - Coagulase negative staphylococci*
  - Corynebacterium spp. ("diphtheroids")*
  - Aerococcus spp.*
  - Bacillus spp.*
  - Propionobacterium spp.*
  - Micrococcus spp.*
- 6. Patient has a positive blood culture with *Staphylococcus aureus* or *Staphylococcus lugdunensis*
- 7. Patient has a positive blood culture with *Candida spp.* or other fungal species.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

PROCEED TO NEXT PAGE



BALANCE RCT #067

Plate #002

Visit #000

Patient ID [ ][ ] [ ][ ][ ][ ]

**SCREENING FORM 1.2 (page 2 of 2)**

1. Eligible Non-Randomized Patients
- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | YES                      | NO                       |
| 1. Patient or substitute decision maker (SDM) declined consent        | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Patient unable to give consent and SDM not available               | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ICU physician declined consent, reason:<br>_____                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Consent not obtained due to other reason, please specify:<br>_____ | <input type="checkbox"/> | <input type="checkbox"/> |

2. Patient status (please check ONE box only)

- Included, proceed to Randomization**                       **Eligible, non-randomized**

3. Who provided consent?                       Patient     SDM     N/A (consent not obtained)

4. Patient co-enrolled in another trial?     Yes     No

5. Research Associate Initials                      [ ][ ]

6. Date of Randomization (dd/mm/yyyy)                      [ ][ ] [ ][ ] 20 [ ][ ]

7. Time of Randomization (24 hr format)                      [ ][ ] : [ ][ ]

8. Randomization arm                       7 D     14 D

BALANCE RCT #067

Plate #010

Visit #000

Patient ID [ ][ ] [ ][ ][ ][ ]

DEMOGRAPHICS AND COMORBIDITIES FORM 2.1 (page 1 of 3)

- 1. Patient's age [ ][ ][ ]
2. Hospital admit date dd/mm/yyyy [ ][ ][ ][ ] 2 0 [ ][ ][ ]
3. ICU admit date dd/mm/yyyy [ ][ ][ ][ ] 2 0 [ ][ ][ ]
4. ICU admit time 24h:mm [ ][ ] : [ ][ ]
5. Sex: [ ] female [ ] male
6. Height [ ][ ][ ] [ ] cm [ ] inches
7. Actual weight (ICU admission) [ ][ ][ ] [ ] kg [ ] lbs
8. Baseline APACHE II Score: [ ][ ] [ ] Already available [ ] Calculated using worksheet (please keep copy)
9. Admission category to ICU (for patients admitted to hospital due to trauma, check the "trauma" box) (check ONE box):
[ ] Medical [ ] Surgical [ ] Trauma [ ] Burns [ ] Neuro/Neurosurg [ ] Other (specify): \_\_\_\_\_
10. Location immediately prior to this ICU admission (check ONE box):
[ ] Emergency room of this hospital [ ] ICU (other hospital), adm date: [ ][ ][ ] [ ][ ][ ] 2 0 [ ][ ][ ]
[ ] Hospital ward [ ] Other hospital's ER or ward adm date: [ ][ ][ ] [ ][ ][ ] 2 0 [ ][ ][ ]
[ ] Operating room [ ] Other (specify): \_\_\_\_\_
[ ] Step down / intermediate care unit
11. Diagnosis that Patient Was Admitted to ICU (check ALL that apply):
[ ] Bloodstream infection [ ] Congestive heart failure [ ] Severe pancreatitis [ ] COPD
[ ] Pneumonia [ ] Myocardial infarction/angina [ ] Hepatic disease [ ] Asthma
[ ] Urinary infection [ ] Arrhythmia [ ] Rhabdomyolysis [ ] Trauma
[ ] Abdominal infection [ ] Peripheral vascular disease [ ] Burns
[ ] Soft tissue infection [ ] Cerebrovascular disease [ ] Surgery: Specify \_\_\_\_\_
[ ] Septic shock [ ] Gastrointestinal bleeding [ ] Other: Specify \_\_\_\_\_
[ ] Renal failure [ ] Fluid/electrolyte disorder
12. Comorbidities (History of in past or present): [ ] UNKNOWN OR check ALL that apply:
[ ] Angina/myocardial infarction [ ] COPD [ ] Gastrointestinal disease
[ ] Congestive heart failure [ ] Asthma [ ] Solid cancer, non-metastatic
[ ] Congestive heart failure NYHA IV [ ] Other Severe lung disease [ ] Solid cancer, metastatic
[ ] Arrhythmia Specify: \_\_\_\_\_ [ ] Leukemia/Lymphoma
[ ] Valvular heart disease [ ] Alcohol abuse [ ] HIV/AIDS
[ ] Congenital heart disease [ ] IV drug abuse [ ] Solid organ transplantation
[ ] Peripheral vascular disease [ ] Obesity (BMI >30kg/m) [ ] Neutropenia
[ ] Cerebrovascular disease [ ] Liver disease (no portal HTN) [ ] Corticosteroid use >15mg/d
[ ] Diabetes with end-organ damage [ ] Liver disease (cirrhosis/portal HTN) [ ] Chemotherapy
[ ] Diabetes without organ damage [ ] Dementia [ ] Other immunosuppression
[ ] Renal insufficiency (Cr>1.5x norm) [ ] Other neurologic disorder Specify: \_\_\_\_\_
[ ] Dialysis dependency Specify: \_\_\_\_\_ [ ] NONE OF THE ABOVE



BALANCE RCT #067

Plate #011

Visit #000

Patient ID

**DEMOGRAPHICS AND COMORBIDITIES FORM 2.2 (page 2 of 3)**

12. Date & time first positive blood culture (**index blood culture**)   dd/mmyyyy  :  24hh : mm  
'collected' for which patient enrolled in study

13. Date & time first positive blood culture (**index blood culture**)   dd/mmyyyy  :  24hh : mm  
'finalized' for which patient enrolled in study

14. Where was the positive sample drawn from (check ALL that apply):  
 peripheral vein    arterial catheter    venous catheter    not available

15. Number of positive blood culture "sets" within 24 hrs of index blood culture set (see case report instructions for what constitutes a blood culture set)

16. Number of unique organisms isolated within 24 hrs of index blood culture set:  1 (monomicrobial)  
 ≥ 2 (polymicrobial)

17. Name(s) of organism(s) isolated within 24 hrs of index blood culture set (organism codes available in instruction booklet)

<input type="text"/> <input type="text"/> <input type="text"/>	organism 1 code
<input type="text"/> <input type="text"/> <input type="text"/>	organism 2 code
<input type="text"/> <input type="text"/> <input type="text"/>	organism 3 code
<input type="text"/> <input type="text"/> <input type="text"/>	organism 4 code
<input type="text"/> <input type="text"/> <input type="text"/>	organism 5 code



BALANCE RCT #067

Plate #012

Visit #000

Patient ID

Grid for Patient ID

INDEX CULTURE AND POTENTIAL SOURCE OF INFECTION FORM 2.3 (page 3 of 3)

Physician diagnosis for possible source of infection (CHECK ALL THAT APPLY)

Table with 5 columns: Source, not a possible source, unlikely source, possible source, probable source, most likely source. Rows include vascular catheter, pneumonia, urinary tract infection, etc.

not a possible source: no documentation/mention of this source in physician's notes
unlikely source: documented as not likely or a query in physician's notes
possible source: documented as likely a possible source in physician's notes
probable source: documented as highly likely but not certain source of infection
most likely source: documented as source of infection in physician's notes



BALANCE RCT #067

Plate #120

Visit #000

Patient ID

**OUTCOME FORM 3.1**

1. Did the patient receive mechanical ventilation?  Yes  No

Start Date

End Date

1.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
2.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
3.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
4.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**Outcome: Survival and Lengths of Stay**

2. Was the patient discharged from the ICU alive?  Yes  No

3. Date of death or discharge from the ICU (dd/mm/yyyy)

4. Was patient re-admitted to ICU?  Yes  No

Re-admission Date

Discharge Date

1st episode	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
2nd episode	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
3rd episode	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

5. Was the patient discharged from the hospital alive?  Yes  No

6. Date of death or live hospital discharge (dd/mm/yyyy)

7. Discharged to:  Home  Rehabilitation facility  Acute care facility  
 Long term care facility  Chronic care facility  Other, specify: \_\_\_\_\_

8. 90 day outcome assessment date (dd/mm/yyyy) (90 days from positive (index) blood culture collection date)

9. Outcome at day 90? (Death on day 90 should be documented as "Dead")  
 Dead  Alive →  Alive in hospital  Alive in acute care facility  Alive at home  
 Rehabilitation facility  Long term care facility  Other, specify: \_\_\_\_\_  
 Not known, reason: \_\_\_\_\_

10. Subjective Comments about patient, infection, course of illness or treatment that you believe are important to convey  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



BALANCE RCT #067

Plate #020

Visit #000

Patient ID

□ □ □ □ □ □ □ □

**ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S)**  
**IN INDEX BLOOD CULTURE FORM 4.1**

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ORGANISM # 1** Organism code: □ □ □ □

**ANTIMICROBIAL (check ALL that apply)**

- |   | CODE |
|---|------|
| <input type="checkbox"/> ampicillin / amoxicillin | □    |
| <input type="checkbox"/> amoxicillin-clavulanate  | □    |
| <input type="checkbox"/> cloxacillin/oxacillin    | □    |
| <input type="checkbox"/> penicillin               | □    |
| <input type="checkbox"/> piperacillin             | □    |
| <input type="checkbox"/> piperacillin-tazobactam  | □    |
| <input type="checkbox"/> ticarcillin-clavulanate  | □    |
| <input type="checkbox"/> cefazolin                | □    |
| <input type="checkbox"/> ceftriaxone/cefotaxime   | □    |
| <input type="checkbox"/> ceftazidime              | □    |
| <input type="checkbox"/> clindamycin              | □    |
| <input type="checkbox"/> tetracycline/doxycycline | □    |
| <input type="checkbox"/> tmp-smx (septra)         | □    |
| <input type="checkbox"/> ciprofloxacin            | □    |
| <input type="checkbox"/> levofloxacin             | □    |
| <input type="checkbox"/> moxifloxacin             | □    |
| <input type="checkbox"/> ertapenem                | □    |
| <input type="checkbox"/> imipenem                 | □    |

- |  | CODE |
|--|------|
| <input type="checkbox"/> meropenem                 | □    |
| <input type="checkbox"/> gentamicin                | □    |
| <input type="checkbox"/> tobramycin                | □    |
| <input type="checkbox"/> amikacin                  | □    |
| <input type="checkbox"/> vancomycin                | □    |
| <input type="checkbox"/> tigecycline               | □    |
| <input type="checkbox"/> colistin/colistemetate    | □    |
| <input type="checkbox"/> polymyxin B               | □    |
| <input type="checkbox"/> erythro/azithro/clarithro | □    |
| <input type="checkbox"/> linezolid                 | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other _____               | □    |
| <input type="checkbox"/> other _____               | □    |
| <input type="checkbox"/> other _____               | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |

Please check if additional forms required for another organism



BALANCE RCT #067

Plate #021

Visit #000

Patient ID

□ □ □ □ □ □ □ □

**ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S)**  
**IN INDEX BLOOD CULTURE FORM 4.2**

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ORGANISM # 2** Organism code: □ □ □

**ANTIMICROBIAL (check ALL that apply)**

- |   | CODE |
|---|------|
| <input type="checkbox"/> ampicillin / amoxicillin | □    |
| <input type="checkbox"/> amoxicillin-clavulanate  | □    |
| <input type="checkbox"/> cloxacillin/oxacillin    | □    |
| <input type="checkbox"/> penicillin               | □    |
| <input type="checkbox"/> piperacillin             | □    |
| <input type="checkbox"/> piperacillin-tazobactam  | □    |
| <input type="checkbox"/> ticarcillin-clavulanate  | □    |
| <input type="checkbox"/> cefazolin                | □    |
| <input type="checkbox"/> ceftriaxone/cefotaxime   | □    |
| <input type="checkbox"/> ceftazidime              | □    |
| <input type="checkbox"/> clindamycin              | □    |
| <input type="checkbox"/> tetracycline/doxycycline | □    |
| <input type="checkbox"/> tmp-smx (septra)         | □    |
| <input type="checkbox"/> ciprofloxacin            | □    |
| <input type="checkbox"/> levofloxacin             | □    |
| <input type="checkbox"/> moxifloxacin             | □    |
| <input type="checkbox"/> ertapenem                | □    |
| <input type="checkbox"/> imipenem                 | □    |

- |  | CODE |
|--|------|
| <input type="checkbox"/> meropenem                 | □    |
| <input type="checkbox"/> gentamicin                | □    |
| <input type="checkbox"/> tobramycin                | □    |
| <input type="checkbox"/> amikacin                  | □    |
| <input type="checkbox"/> vancomycin                | □    |
| <input type="checkbox"/> tigecycline               | □    |
| <input type="checkbox"/> colistin/colistemetate    | □    |
| <input type="checkbox"/> polymyxin B               | □    |
| <input type="checkbox"/> erythro/azithro/clarithro | □    |
| <input type="checkbox"/> linezolid                 | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other _____               | □    |
| <input type="checkbox"/> other _____               | □    |
| <input type="checkbox"/> other _____               | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |

Please check if additional forms required for another organism





BALANCE RCT #067

Plate #022

Visit #000

Patient ID

□ □ □ □ □ □ □ □

**ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S)  
IN INDEX BLOOD CULTURE FORM 4.3**

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ORGANISM # 3** Organism code: □ □ □

ANTIMICROBIAL (check ALL that apply)

- |   | CODE |
|---|------|
| <input type="checkbox"/> ampicillin / amoxicillin | □    |
| <input type="checkbox"/> amoxicillin-clavulanate  | □    |
| <input type="checkbox"/> cloxacillin/oxacillin    | □    |
| <input type="checkbox"/> penicillin               | □    |
| <input type="checkbox"/> piperacillin             | □    |
| <input type="checkbox"/> piperacillin-tazobactam  | □    |
| <input type="checkbox"/> ticarcillin-clavulanate  | □    |
| <input type="checkbox"/> cefazolin                | □    |
| <input type="checkbox"/> ceftriaxone/cefotaxime   | □    |
| <input type="checkbox"/> ceftazidime              | □    |
| <input type="checkbox"/> clindamycin              | □    |
| <input type="checkbox"/> tetracycline/doxycycline | □    |
| <input type="checkbox"/> tmp-smx (septra)         | □    |
| <input type="checkbox"/> ciprofloxacin            | □    |
| <input type="checkbox"/> levofloxacin             | □    |
| <input type="checkbox"/> moxifloxacin             | □    |
| <input type="checkbox"/> ertapenem                | □    |
| <input type="checkbox"/> imipenem                 | □    |

- |  | CODE |
|--|------|
| <input type="checkbox"/> meropenem                 | □    |
| <input type="checkbox"/> gentamicin                | □    |
| <input type="checkbox"/> tobramycin                | □    |
| <input type="checkbox"/> amikacin                  | □    |
| <input type="checkbox"/> vancomycin                | □    |
| <input type="checkbox"/> tigecycline               | □    |
| <input type="checkbox"/> colistin/colistemetate    | □    |
| <input type="checkbox"/> polymyxin B               | □    |
| <input type="checkbox"/> erythro/azithro/clarithro | □    |
| <input type="checkbox"/> linezolid                 | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other _____               | □    |
| <input type="checkbox"/> other _____               | □    |
| <input type="checkbox"/> other _____               | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |

Please check if additional forms required for another organism



BALANCE RCT #067

Plate #023

Visit #000

Patient ID

□ □ □ □ □ □ □ □

**ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S)  
IN INDEX BLOOD CULTURE FORM 4.4**

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ORGANISM # 4** Organism code: □ □ □

ANTIMICROBIAL (check ALL that apply)

- |   | CODE                     |
|---|--------------------------|
| <input type="checkbox"/> ampicillin / amoxicillin | <input type="checkbox"/> |
| <input type="checkbox"/> amoxicillin-clavulanate  | <input type="checkbox"/> |
| <input type="checkbox"/> cloxacillin/oxacillin    | <input type="checkbox"/> |
| <input type="checkbox"/> penicillin               | <input type="checkbox"/> |
| <input type="checkbox"/> piperacillin             | <input type="checkbox"/> |
| <input type="checkbox"/> piperacillin-tazobactam  | <input type="checkbox"/> |
| <input type="checkbox"/> ticarcillin-clavulanate  | <input type="checkbox"/> |
| <input type="checkbox"/> cefazolin                | <input type="checkbox"/> |
| <input type="checkbox"/> ceftriaxone/cefotaxime   | <input type="checkbox"/> |
| <input type="checkbox"/> ceftazidime              | <input type="checkbox"/> |
| <input type="checkbox"/> clindamycin              | <input type="checkbox"/> |
| <input type="checkbox"/> tetracycline/doxycycline | <input type="checkbox"/> |
| <input type="checkbox"/> tmp-smx (septra)         | <input type="checkbox"/> |
| <input type="checkbox"/> ciprofloxacin            | <input type="checkbox"/> |
| <input type="checkbox"/> levofloxacin             | <input type="checkbox"/> |
| <input type="checkbox"/> moxifloxacin             | <input type="checkbox"/> |
| <input type="checkbox"/> ertapenem                | <input type="checkbox"/> |
| <input type="checkbox"/> imipenem                 | <input type="checkbox"/> |

- |  | CODE                     |
|--|--------------------------|
| <input type="checkbox"/> meropenem                 | <input type="checkbox"/> |
| <input type="checkbox"/> gentamicin                | <input type="checkbox"/> |
| <input type="checkbox"/> tobramycin                | <input type="checkbox"/> |
| <input type="checkbox"/> amikacin                  | <input type="checkbox"/> |
| <input type="checkbox"/> vancomycin                | <input type="checkbox"/> |
| <input type="checkbox"/> tigecycline               | <input type="checkbox"/> |
| <input type="checkbox"/> colistin/colistemetate    | <input type="checkbox"/> |
| <input type="checkbox"/> polymyxin B               | <input type="checkbox"/> |
| <input type="checkbox"/> erythro/azithro/clarithro | <input type="checkbox"/> |
| <input type="checkbox"/> linezolid                 | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other _____               | <input type="checkbox"/> |
| <input type="checkbox"/> other _____               | <input type="checkbox"/> |
| <input type="checkbox"/> other _____               | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |

Please check if additional forms required for another organism



BALANCE RCT #067

Plate #024

Visit #000

Patient ID

□ □ □ □ □ □ □ □

**ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S)  
IN INDEX BLOOD CULTURE FORM 4.5**

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ORGANISM # 5** Organism code: □ □ □

**ANTIMICROBIAL (check ALL that apply)**

- |                          |                          |           |
|--------------------------|--------------------------|-----------|
| <input type="checkbox"/> | ampicillin / amoxicillin | CODE<br>□ |
| <input type="checkbox"/> | amoxicillin-clavulanate  | □         |
| <input type="checkbox"/> | cloxacillin/oxacillin    | □         |
| <input type="checkbox"/> | penicillin               | □         |
| <input type="checkbox"/> | piperacillin             | □         |
| <input type="checkbox"/> | piperacillin-tazobactam  | □         |
| <input type="checkbox"/> | ticarcillin-clavulanate  | □         |
| <input type="checkbox"/> | cefazolin                | □         |
| <input type="checkbox"/> | ceftriaxone/cefotaxime   | □         |
| <input type="checkbox"/> | ceftazidime              | □         |
| <input type="checkbox"/> | clindamycin              | □         |
| <input type="checkbox"/> | tetracycline/doxycycline | □         |
| <input type="checkbox"/> | tmp-smx (septra)         | □         |
| <input type="checkbox"/> | ciprofloxacin            | □         |
| <input type="checkbox"/> | levofloxacin             | □         |
| <input type="checkbox"/> | moxifloxacin             | □         |
| <input type="checkbox"/> | ertapenem                | □         |
| <input type="checkbox"/> | imipenem                 | □         |

- |                          |                           |           |
|--------------------------|---------------------------|-----------|
| <input type="checkbox"/> | meropenem                 | CODE<br>□ |
| <input type="checkbox"/> | gentamicin                | □         |
| <input type="checkbox"/> | tobramycin                | □         |
| <input type="checkbox"/> | amikacin                  | □         |
| <input type="checkbox"/> | vancomycin                | □         |
| <input type="checkbox"/> | tigecycline               | □         |
| <input type="checkbox"/> | colistin/colistemetate    | □         |
| <input type="checkbox"/> | polymyxin B               | □         |
| <input type="checkbox"/> | erythro/azithro/clarithro | □         |
| <input type="checkbox"/> | linezolid                 | □         |
| <input type="checkbox"/> | other: _____              | □         |
| <input type="checkbox"/> | other: _____              | □         |
| <input type="checkbox"/> | other _____               | □         |
| <input type="checkbox"/> | other _____               | □         |
| <input type="checkbox"/> | other _____               | □         |
| <input type="checkbox"/> | other: _____              | □         |
| <input type="checkbox"/> | other: _____              | □         |
| <input type="checkbox"/> | other: _____              | □         |
| <input type="checkbox"/> | other: _____              | □         |

BALANCE RCT #067

Plate #030

Visit #000

Patient ID

**ANTIMICROBIAL TREATMENT FORM 5.1**

**(any time from 3 days before to 30d after index blood culture collection date)**

	Antimicrobial Code	Start Date dd/mm/yyyy	Start Time	Stop Date dd/mm/yyyy	Dose (mg)
1.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/>	<input type="text"/> : <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/>	<input type="text"/>
	Route <input type="text"/>	<input type="text"/> (other, specify)	Frequency <input type="text"/>	<input type="text"/> (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/>	<input type="text"/> : <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/>	<input type="text"/>
	Route <input type="text"/>	<input type="text"/> (other, specify)	Frequency <input type="text"/>	<input type="text"/> (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/>	<input type="text"/> : <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/>	<input type="text"/>
	Route <input type="text"/>	<input type="text"/> (other, specify)	Frequency <input type="text"/>	<input type="text"/> (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/>	<input type="text"/> : <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/>	<input type="text"/>
	Route <input type="text"/>	<input type="text"/> (other, specify)	Frequency <input type="text"/>	<input type="text"/> (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/>	<input type="text"/> : <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/>	<input type="text"/>
	Route <input type="text"/>	<input type="text"/> (other, specify)	Frequency <input type="text"/>	<input type="text"/> (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/>	<input type="text"/> : <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/>	<input type="text"/>
	Route <input type="text"/>	<input type="text"/> (other, specify)	Frequency <input type="text"/>	<input type="text"/> (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/>	<input type="text"/> : <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/>	<input type="text"/>
	Route <input type="text"/>	<input type="text"/> (other, specify)	Frequency <input type="text"/>	<input type="text"/> (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/>	<input type="text"/> : <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/>	<input type="text"/>
	Route <input type="text"/>	<input type="text"/> (other, specify)	Frequency <input type="text"/>	<input type="text"/> (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No

Please check if additional forms required for reporting

BALANCE RCT #067

Plate #031

Visit #000

Patient ID

**ANTIMICROBIAL TREATMENT FORM 5.2**

**(any time from 3 days before to 30d after index blood culture collection date)**

	Antimicrobial Code	Start Date dd/mm/yyyy	Start Time	Stop Date dd/mm/yyyy	Dose (mg)
9.	<input type="text"/> <input type="text"/> ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Route <input type="text"/> <input type="text"/> _____ (other, specify)	Frequency <input type="text"/> <input type="text"/> _____ (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No		
10.	<input type="text"/> <input type="text"/> ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Route <input type="text"/> <input type="text"/> _____ (other, specify)	Frequency <input type="text"/> <input type="text"/> _____ (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No		
11.	<input type="text"/> <input type="text"/> ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Route <input type="text"/> <input type="text"/> _____ (other, specify)	Frequency <input type="text"/> <input type="text"/> _____ (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No		
12.	<input type="text"/> <input type="text"/> ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Route <input type="text"/> <input type="text"/> _____ (other, specify)	Frequency <input type="text"/> <input type="text"/> _____ (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No		
13.	<input type="text"/> <input type="text"/> ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Route <input type="text"/> <input type="text"/> _____ (other, specify)	Frequency <input type="text"/> <input type="text"/> _____ (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No		
14.	<input type="text"/> <input type="text"/> ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Route <input type="text"/> <input type="text"/> _____ (other, specify)	Frequency <input type="text"/> <input type="text"/> _____ (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No		
15.	<input type="text"/> <input type="text"/> ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Route <input type="text"/> <input type="text"/> _____ (other, specify)	Frequency <input type="text"/> <input type="text"/> _____ (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No		
16.	<input type="text"/> <input type="text"/> ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Route <input type="text"/> <input type="text"/> _____ (other, specify)	Frequency <input type="text"/> <input type="text"/> _____ (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please check if additional forms required for reporting



BALANCE RCT #067

Plate #032

Visit #000

Patient ID

**ANTIMICROBIAL TREATMENT FORM 5.3**

**(any time from 3 days before to 30d after index blood culture collection date)**

	Antimicrobial Code	Start Date dd/mm/yyyy	Start Time	Stop Date dd/mm/yyyy	Dose (mg)
17.	<input type="text"/> <input type="text"/> ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Route <input type="text"/> <input type="text"/> _____ (other, specify)	Frequency <input type="text"/> <input type="text"/> _____ (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No		
18.	<input type="text"/> <input type="text"/> ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Route <input type="text"/> <input type="text"/> _____ (other, specify)	Frequency <input type="text"/> <input type="text"/> _____ (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No		
19.	<input type="text"/> <input type="text"/> ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Route <input type="text"/> <input type="text"/> _____ (other, specify)	Frequency <input type="text"/> <input type="text"/> _____ (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No		
20.	<input type="text"/> <input type="text"/> ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Route <input type="text"/> <input type="text"/> _____ (other, specify)	Frequency <input type="text"/> <input type="text"/> _____ (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No		
21.	<input type="text"/> <input type="text"/> ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Route <input type="text"/> <input type="text"/> _____ (other, specify)	Frequency <input type="text"/> <input type="text"/> _____ (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No		
22.	<input type="text"/> <input type="text"/> ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Route <input type="text"/> <input type="text"/> _____ (other, specify)	Frequency <input type="text"/> <input type="text"/> _____ (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No		
23.	<input type="text"/> <input type="text"/> ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Route <input type="text"/> <input type="text"/> _____ (other, specify)	Frequency <input type="text"/> <input type="text"/> _____ (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No		
24.	<input type="text"/> <input type="text"/> ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Route <input type="text"/> <input type="text"/> _____ (other, specify)	Frequency <input type="text"/> <input type="text"/> _____ (other, specify)	Continued after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please check if additional forms required for reporting





BALANCE RCT #067

Plate #040

Visit #000

Patient ID

Grid for Patient ID

SOURCE CONTROL PROCEDURES FORM 6.1
(From 48h prior to 30d after first index blood culture collection date)

NO SOURCE CONTROL PROCEDURES TO REPORT

Source Control Procedure(s)
Check All that Apply

Date Source Control Procedure First Performed
dd/mm/yyyy

- List of source control procedures including central vascular catheter removal, peripheral vascular catheter removal/exchange, relief of ureteric obstruction, abscess drainage, wound debridement, thoracentesis, etc.

Date input grid for each procedure row, showing '20' in the first two columns.





BALANCE RCT #067

Plate #050

Visit #000

Patient ID

**BLOOD CULTURE RESULTS FORM 7.1**

**(From index culture collection date to 30 days later)**

NO BLOOD CULTURES AFTER THE INDEX CULTURE TO REPORT

Date and time of blood culture collection

dd/mm/yyyy

24hh : mm

Positive?  
YES NO

Organism Code(s)

Index Culture:											
1.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	20	<input type="text"/> <input type="text"/>	:	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
2.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	20	<input type="text"/> <input type="text"/>	:	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
3.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	20	<input type="text"/> <input type="text"/>	:	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
4.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	20	<input type="text"/> <input type="text"/>	:	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
5.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	20	<input type="text"/> <input type="text"/>	:	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
6.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	20	<input type="text"/> <input type="text"/>	:	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
7.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	20	<input type="text"/> <input type="text"/>	:	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
8.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	20	<input type="text"/> <input type="text"/>	:	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
9.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	20	<input type="text"/> <input type="text"/>	:	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
10.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	20	<input type="text"/> <input type="text"/>	:	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
11.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	20	<input type="text"/> <input type="text"/>	:	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
12.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	20	<input type="text"/> <input type="text"/>	:	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
13.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	20	<input type="text"/> <input type="text"/>	:	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
14.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	20	<input type="text"/> <input type="text"/>	:	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
15.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	20	<input type="text"/> <input type="text"/>	:	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
16.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	20	<input type="text"/> <input type="text"/>	:	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
17.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	20	<input type="text"/> <input type="text"/>	:	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Please check if additional forms required for reporting



BALANCE RCT #067

Plate #051

Visit #000

Patient ID

**BLOOD CULTURE RESULTS FORM 7.2**  
**(From index culture collection date to 30 days later)**

**Date and time of blood culture collection**

	dd/mm/yyyy				24hh : mm		Positive?		Organism Code(s)			
							YES	NO				
18.	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19.	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20.	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
21.	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
22.	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
23.	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
24.	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25.	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26.	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
27.	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
28.	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
29.	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
30.	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
31.	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
32.	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
33.	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
34.	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please check if additional forms required for reporting



BALANCE RCT #067

Patient ID

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**ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S)**  
**IN BLOOD CULTURE RESULTS FORM 7.3**

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ORGANISM # 1** Organism code: □ □ □ □

**ANTIMICROBIAL (check ALL that apply)**

- |   | CODE                     |
|---|--------------------------|
| <input type="checkbox"/> ampicillin / amoxicillin | <input type="checkbox"/> |
| <input type="checkbox"/> amoxicillin-clavulanate  | <input type="checkbox"/> |
| <input type="checkbox"/> cloxacillin/oxacillin    | <input type="checkbox"/> |
| <input type="checkbox"/> penicillin               | <input type="checkbox"/> |
| <input type="checkbox"/> piperacillin             | <input type="checkbox"/> |
| <input type="checkbox"/> piperacillin-tazobactam  | <input type="checkbox"/> |
| <input type="checkbox"/> ticarcillin-clavulanate  | <input type="checkbox"/> |
| <input type="checkbox"/> cefazolin                | <input type="checkbox"/> |
| <input type="checkbox"/> ceftriaxone/cefotaxime   | <input type="checkbox"/> |
| <input type="checkbox"/> ceftazidime              | <input type="checkbox"/> |
| <input type="checkbox"/> clindamycin              | <input type="checkbox"/> |
| <input type="checkbox"/> tetracycline/doxycycline | <input type="checkbox"/> |
| <input type="checkbox"/> tmp-smx (septra)         | <input type="checkbox"/> |
| <input type="checkbox"/> ciprofloxacin            | <input type="checkbox"/> |
| <input type="checkbox"/> levofloxacin             | <input type="checkbox"/> |
| <input type="checkbox"/> moxifloxacin             | <input type="checkbox"/> |
| <input type="checkbox"/> ertapenem                | <input type="checkbox"/> |
| <input type="checkbox"/> imipenem                 | <input type="checkbox"/> |

- |  | CODE                     |
|--|--------------------------|
| <input type="checkbox"/> meropenem                 | <input type="checkbox"/> |
| <input type="checkbox"/> gentamicin                | <input type="checkbox"/> |
| <input type="checkbox"/> tobramycin                | <input type="checkbox"/> |
| <input type="checkbox"/> amikacin                  | <input type="checkbox"/> |
| <input type="checkbox"/> vancomycin                | <input type="checkbox"/> |
| <input type="checkbox"/> tigecycline               | <input type="checkbox"/> |
| <input type="checkbox"/> colistin/colistemetate    | <input type="checkbox"/> |
| <input type="checkbox"/> polymyxin B               | <input type="checkbox"/> |
| <input type="checkbox"/> erythro/azithro/clarithro | <input type="checkbox"/> |
| <input type="checkbox"/> linezolid                 | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |

Please check if additional forms required for another organism



BALANCE RCT #067

Patient ID

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**ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S)**  
**IN BLOOD CULTURE RESULTS FORM 7.4**

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ORGANISM # 2** Organism code: □ □ □

**ANTIMICROBIAL (check ALL that apply)**

	CODE		CODE
<input type="checkbox"/> ampicillin / amoxicillin	□	<input type="checkbox"/> meropenem	□
<input type="checkbox"/> amoxicillin-clavulanate	□	<input type="checkbox"/> gentamicin	□
<input type="checkbox"/> cloxacillin/oxacillin	□	<input type="checkbox"/> tobramycin	□
<input type="checkbox"/> penicillin	□	<input type="checkbox"/> amikacin	□
<input type="checkbox"/> piperacillin	□	<input type="checkbox"/> vancomycin	□
<input type="checkbox"/> piperacillin-tazobactam	□	<input type="checkbox"/> tigecycline	□
<input type="checkbox"/> ticarcillin-clavulanate	□	<input type="checkbox"/> colistin/colistemetate	□
<input type="checkbox"/> cefazolin	□	<input type="checkbox"/> polymyxin B	□
<input type="checkbox"/> ceftriaxone/cefotaxime	□	<input type="checkbox"/> erythro/azithro/clarithro	□
<input type="checkbox"/> ceftazidime	□	<input type="checkbox"/> linezolid	□
<input type="checkbox"/> clindamycin	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> tetracycline/doxycycline	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> tmp-smx (septra)	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> ciprofloxacin	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> levofloxacin	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> moxifloxacin	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> ertapenem	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> imipenem	□	<input type="checkbox"/> other: _____	□

Please check if additional forms required for another organism



BALANCE RCT #067

Patient ID

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**ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S)**  
**IN BLOOD CULTURE RESULTS FORM 7.5**

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ORGANISM # 3** Organism code: □ □ □ □

**ANTIMICROBIAL (check ALL that apply)**

	CODE		CODE
<input type="checkbox"/> ampicillin / amoxicillin	□	<input type="checkbox"/> meropenem	□
<input type="checkbox"/> amoxicillin-clavulanate	□	<input type="checkbox"/> gentamicin	□
<input type="checkbox"/> cloxacillin/oxacillin	□	<input type="checkbox"/> tobramycin	□
<input type="checkbox"/> penicillin	□	<input type="checkbox"/> amikacin	□
<input type="checkbox"/> piperacillin	□	<input type="checkbox"/> vancomycin	□
<input type="checkbox"/> piperacillin-tazobactam	□	<input type="checkbox"/> tigecycline	□
<input type="checkbox"/> ticarcillin-clavulanate	□	<input type="checkbox"/> colistin/colistemetate	□
<input type="checkbox"/> cefazolin	□	<input type="checkbox"/> polymyxin B	□
<input type="checkbox"/> ceftriaxone/cefotaxime	□	<input type="checkbox"/> erythro/azithro/clarithro	□
<input type="checkbox"/> ceftazidime	□	<input type="checkbox"/> linezolid	□
<input type="checkbox"/> clindamycin	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> tetracycline/doxycycline	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> tmp-smx (septra)	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> ciprofloxacin	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> levofloxacin	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> moxifloxacin	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> ertapenem	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> imipenem	□	<input type="checkbox"/> other: _____	□

Please check if additional forms required for another organism



BALANCE RCT #067

Patient ID

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**ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S)**  
**IN BLOOD CULTURE RESULTS FORM 7.6**

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ORGANISM # 4** Organism code: □ □ □

**ANTIMICROBIAL (check ALL that apply)**

	CODE		CODE
<input type="checkbox"/> ampicillin / amoxicillin	□	<input type="checkbox"/> meropenem	□
<input type="checkbox"/> amoxicillin-clavulanate	□	<input type="checkbox"/> gentamicin	□
<input type="checkbox"/> cloxacillin/oxacillin	□	<input type="checkbox"/> tobramycin	□
<input type="checkbox"/> penicillin	□	<input type="checkbox"/> amikacin	□
<input type="checkbox"/> piperacillin	□	<input type="checkbox"/> vancomycin	□
<input type="checkbox"/> piperacillin-tazobactam	□	<input type="checkbox"/> tigecycline	□
<input type="checkbox"/> ticarcillin-clavulanate	□	<input type="checkbox"/> colistin/colistemetate	□
<input type="checkbox"/> cefazolin	□	<input type="checkbox"/> polymyxin B	□
<input type="checkbox"/> ceftriaxone/cefotaxime	□	<input type="checkbox"/> erythro/azithro/clarithro	□
<input type="checkbox"/> ceftazidime	□	<input type="checkbox"/> linezolid	□
<input type="checkbox"/> clindamycin	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> tetracycline/doxycycline	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> tmp-smx (septra)	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> ciprofloxacin	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> levofloxacin	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> moxifloxacin	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> ertapenem	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> imipenem	□	<input type="checkbox"/> other: _____	□

Please check if additional forms required for another organism



BALANCE RCT #067

Patient ID

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**ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S)**  
**IN BLOOD CULTURE RESULTS FORM 7.7**

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ORGANISM # 5** Organism code: □ □ □ □

**ANTIMICROBIAL (check ALL that apply)**

- |   | CODE                     |
|---|--------------------------|
| <input type="checkbox"/> ampicillin / amoxicillin | <input type="checkbox"/> |
| <input type="checkbox"/> amoxicillin-clavulanate  | <input type="checkbox"/> |
| <input type="checkbox"/> cloxacillin/oxacillin    | <input type="checkbox"/> |
| <input type="checkbox"/> penicillin               | <input type="checkbox"/> |
| <input type="checkbox"/> piperacillin             | <input type="checkbox"/> |
| <input type="checkbox"/> piperacillin-tazobactam  | <input type="checkbox"/> |
| <input type="checkbox"/> ticarcillin-clavulanate  | <input type="checkbox"/> |
| <input type="checkbox"/> cefazolin                | <input type="checkbox"/> |
| <input type="checkbox"/> ceftriaxone/cefotaxime   | <input type="checkbox"/> |
| <input type="checkbox"/> ceftazidime              | <input type="checkbox"/> |
| <input type="checkbox"/> clindamycin              | <input type="checkbox"/> |
| <input type="checkbox"/> tetracycline/doxycycline | <input type="checkbox"/> |
| <input type="checkbox"/> tmp-smx (septra)         | <input type="checkbox"/> |
| <input type="checkbox"/> ciprofloxacin            | <input type="checkbox"/> |
| <input type="checkbox"/> levofloxacin             | <input type="checkbox"/> |
| <input type="checkbox"/> moxifloxacin             | <input type="checkbox"/> |
| <input type="checkbox"/> ertapenem                | <input type="checkbox"/> |
| <input type="checkbox"/> imipenem                 | <input type="checkbox"/> |

- |  | CODE                     |
|--|--------------------------|
| <input type="checkbox"/> meropenem                 | <input type="checkbox"/> |
| <input type="checkbox"/> gentamicin                | <input type="checkbox"/> |
| <input type="checkbox"/> tobramycin                | <input type="checkbox"/> |
| <input type="checkbox"/> amikacin                  | <input type="checkbox"/> |
| <input type="checkbox"/> vancomycin                | <input type="checkbox"/> |
| <input type="checkbox"/> tigecycline               | <input type="checkbox"/> |
| <input type="checkbox"/> colistin/colistemetate    | <input type="checkbox"/> |
| <input type="checkbox"/> polymyxin B               | <input type="checkbox"/> |
| <input type="checkbox"/> erythro/azithro/clarithro | <input type="checkbox"/> |
| <input type="checkbox"/> linezolid                 | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other _____               | <input type="checkbox"/> |
| <input type="checkbox"/> other _____               | <input type="checkbox"/> |
| <input type="checkbox"/> other _____               | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |

Please check if additional forms required for another organism



BALANCE RCT #067

Patient ID

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**ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S)**  
**IN BLOOD CULTURE RESULTS FORM 7.8**

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ORGANISM # 6** Organism code: □ □ □ □

**ANTIMICROBIAL (check ALL that apply)**

	CODE		CODE
<input type="checkbox"/> ampicillin / amoxicillin	□	<input type="checkbox"/> meropenem	□
<input type="checkbox"/> amoxicillin-clavulanate	□	<input type="checkbox"/> gentamicin	□
<input type="checkbox"/> cloxacillin/oxacillin	□	<input type="checkbox"/> tobramycin	□
<input type="checkbox"/> penicillin	□	<input type="checkbox"/> amikacin	□
<input type="checkbox"/> piperacillin	□	<input type="checkbox"/> vancomycin	□
<input type="checkbox"/> piperacillin-tazobactam	□	<input type="checkbox"/> tigecycline	□
<input type="checkbox"/> ticarcillin-clavulanate	□	<input type="checkbox"/> colistin/colistemetate	□
<input type="checkbox"/> cefazolin	□	<input type="checkbox"/> polymyxin B	□
<input type="checkbox"/> ceftriaxone/cefotaxime	□	<input type="checkbox"/> erythro/azithro/clarithro	□
<input type="checkbox"/> ceftazidime	□	<input type="checkbox"/> linezolid	□
<input type="checkbox"/> clindamycin	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> tetracycline/doxycycline	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> tmp-smx (septra)	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> ciprofloxacin	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> levofloxacin	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> moxifloxacin	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> ertapenem	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> imipenem	□	<input type="checkbox"/> other: _____	□

Please check if additional forms required for another organism





BALANCE RCT #067

Patient ID

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**ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S)**  
**IN BLOOD CULTURE RESULTS FORM 7.9**

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ORGANISM # 7** Organism code: □ □ □ □

**ANTIMICROBIAL (check ALL that apply)**

	CODE		CODE
<input type="checkbox"/> ampicillin / amoxicillin	□	<input type="checkbox"/> meropenem	□
<input type="checkbox"/> amoxicillin-clavulanate	□	<input type="checkbox"/> gentamicin	□
<input type="checkbox"/> cloxacillin/oxacillin	□	<input type="checkbox"/> tobramycin	□
<input type="checkbox"/> penicillin	□	<input type="checkbox"/> amikacin	□
<input type="checkbox"/> piperacillin	□	<input type="checkbox"/> vancomycin	□
<input type="checkbox"/> piperacillin-tazobactam	□	<input type="checkbox"/> tigecycline	□
<input type="checkbox"/> ticarcillin-clavulanate	□	<input type="checkbox"/> colistin/colistemetate	□
<input type="checkbox"/> cefazolin	□	<input type="checkbox"/> polymyxin B	□
<input type="checkbox"/> ceftriaxone/cefotaxime	□	<input type="checkbox"/> erythro/azithro/clarithro	□
<input type="checkbox"/> ceftazidime	□	<input type="checkbox"/> linezolid	□
<input type="checkbox"/> clindamycin	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> tetracycline/doxycycline	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> tmp-smx (septra)	□	<input type="checkbox"/> other _____	□
<input type="checkbox"/> ciprofloxacin	□	<input type="checkbox"/> other _____	□
<input type="checkbox"/> levofloxacin	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> moxifloxacin	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> ertapenem	□	<input type="checkbox"/> other: _____	□
<input type="checkbox"/> imipenem	□	<input type="checkbox"/> other: _____	□

Please check if additional forms required for another organism



BALANCE RCT #067

Patient ID

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**ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S)**  
**IN BLOOD CULTURE RESULTS FORM 7.10**

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ORGANISM # 8** Organism code: □ □ □ □

**ANTIMICROBIAL (check ALL that apply)**

- |   | CODE |
|---|------|
| <input type="checkbox"/> ampicillin / amoxicillin | □    |
| <input type="checkbox"/> amoxicillin-clavulanate  | □    |
| <input type="checkbox"/> cloxacillin/oxacillin    | □    |
| <input type="checkbox"/> penicillin               | □    |
| <input type="checkbox"/> piperacillin             | □    |
| <input type="checkbox"/> piperacillin-tazobactam  | □    |
| <input type="checkbox"/> ticarcillin-clavulanate  | □    |
| <input type="checkbox"/> cefazolin                | □    |
| <input type="checkbox"/> ceftriaxone/cefotaxime   | □    |
| <input type="checkbox"/> ceftazidime              | □    |
| <input type="checkbox"/> clindamycin              | □    |
| <input type="checkbox"/> tetracycline/doxycycline | □    |
| <input type="checkbox"/> tmp-smx (septra)         | □    |
| <input type="checkbox"/> ciprofloxacin            | □    |
| <input type="checkbox"/> levofloxacin             | □    |
| <input type="checkbox"/> moxifloxacin             | □    |
| <input type="checkbox"/> ertapenem                | □    |
| <input type="checkbox"/> imipenem                 | □    |

- |  | CODE |
|--|------|
| <input type="checkbox"/> meropenem                 | □    |
| <input type="checkbox"/> gentamicin                | □    |
| <input type="checkbox"/> tobramycin                | □    |
| <input type="checkbox"/> amikacin                  | □    |
| <input type="checkbox"/> vancomycin                | □    |
| <input type="checkbox"/> tigecycline               | □    |
| <input type="checkbox"/> colistin/colisthemethate  | □    |
| <input type="checkbox"/> polymyxin B               | □    |
| <input type="checkbox"/> erythro/azithro/clarithro | □    |
| <input type="checkbox"/> linezolid                 | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other _____               | □    |
| <input type="checkbox"/> other _____               | □    |
| <input type="checkbox"/> other _____               | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |

Please check if additional forms required for another organism



BALANCE RCT #067

Patient ID

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**ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S)**  
**IN BLOOD CULTURE RESULTS FORM 7.11**

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ORGANISM # 9** Organism code: □ □ □ □

**ANTIMICROBIAL (check ALL that apply)**

- |   | CODE                     |
|---|--------------------------|
| <input type="checkbox"/> ampicillin / amoxicillin | <input type="checkbox"/> |
| <input type="checkbox"/> amoxicillin-clavulanate  | <input type="checkbox"/> |
| <input type="checkbox"/> cloxacillin/oxacillin    | <input type="checkbox"/> |
| <input type="checkbox"/> penicillin               | <input type="checkbox"/> |
| <input type="checkbox"/> piperacillin             | <input type="checkbox"/> |
| <input type="checkbox"/> piperacillin-tazobactam  | <input type="checkbox"/> |
| <input type="checkbox"/> ticarcillin-clavulanate  | <input type="checkbox"/> |
| <input type="checkbox"/> cefazolin                | <input type="checkbox"/> |
| <input type="checkbox"/> ceftriaxone/cefotaxime   | <input type="checkbox"/> |
| <input type="checkbox"/> ceftazidime              | <input type="checkbox"/> |
| <input type="checkbox"/> clindamycin              | <input type="checkbox"/> |
| <input type="checkbox"/> tetracycline/doxycycline | <input type="checkbox"/> |
| <input type="checkbox"/> tmp-smx (septra)         | <input type="checkbox"/> |
| <input type="checkbox"/> ciprofloxacin            | <input type="checkbox"/> |
| <input type="checkbox"/> levofloxacin             | <input type="checkbox"/> |
| <input type="checkbox"/> moxifloxacin             | <input type="checkbox"/> |
| <input type="checkbox"/> ertapenem                | <input type="checkbox"/> |
| <input type="checkbox"/> imipenem                 | <input type="checkbox"/> |

- |  | CODE                     |
|--|--------------------------|
| <input type="checkbox"/> meropenem                 | <input type="checkbox"/> |
| <input type="checkbox"/> gentamicin                | <input type="checkbox"/> |
| <input type="checkbox"/> tobramycin                | <input type="checkbox"/> |
| <input type="checkbox"/> amikacin                  | <input type="checkbox"/> |
| <input type="checkbox"/> vancomycin                | <input type="checkbox"/> |
| <input type="checkbox"/> tigecycline               | <input type="checkbox"/> |
| <input type="checkbox"/> colistin/colistemetate    | <input type="checkbox"/> |
| <input type="checkbox"/> polymyxin B               | <input type="checkbox"/> |
| <input type="checkbox"/> erythro/azithro/clarithro | <input type="checkbox"/> |
| <input type="checkbox"/> linezolid                 | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other _____               | <input type="checkbox"/> |
| <input type="checkbox"/> other _____               | <input type="checkbox"/> |
| <input type="checkbox"/> other _____               | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____              | <input type="checkbox"/> |

Please check if additional forms required for another organism



BALANCE RCT #067

Patient ID

□ □ □ □ □ □ □ □

**ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S)**  
**IN BLOOD CULTURE RESULTS FORM 7.12**

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ORGANISM # 10** Organism code: □ □ □ □

**ANTIMICROBIAL (check ALL that apply)**

- |   | CODE |
|---|------|
| <input type="checkbox"/> ampicillin / amoxicillin | □    |
| <input type="checkbox"/> amoxicillin-clavulanate  | □    |
| <input type="checkbox"/> cloxacillin/oxacillin    | □    |
| <input type="checkbox"/> penicillin               | □    |
| <input type="checkbox"/> piperacillin             | □    |
| <input type="checkbox"/> piperacillin-tazobactam  | □    |
| <input type="checkbox"/> ticarcillin-clavulanate  | □    |
| <input type="checkbox"/> cefazolin                | □    |
| <input type="checkbox"/> ceftriaxone/cefotaxime   | □    |
| <input type="checkbox"/> ceftazidime              | □    |
| <input type="checkbox"/> clindamycin              | □    |
| <input type="checkbox"/> tetracycline/doxycycline | □    |
| <input type="checkbox"/> tmp-smx (septra)         | □    |
| <input type="checkbox"/> ciprofloxacin            | □    |
| <input type="checkbox"/> levofloxacin             | □    |
| <input type="checkbox"/> moxifloxacin             | □    |
| <input type="checkbox"/> ertapenem                | □    |
| <input type="checkbox"/> imipenem                 | □    |

- |  | CODE |
|--|------|
| <input type="checkbox"/> meropenem                 | □    |
| <input type="checkbox"/> gentamicin                | □    |
| <input type="checkbox"/> tobramycin                | □    |
| <input type="checkbox"/> amikacin                  | □    |
| <input type="checkbox"/> vancomycin                | □    |
| <input type="checkbox"/> tigecycline               | □    |
| <input type="checkbox"/> colistin/colistemetate    | □    |
| <input type="checkbox"/> polymyxin B               | □    |
| <input type="checkbox"/> erythro/azithro/clarithro | □    |
| <input type="checkbox"/> linezolid                 | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other _____               | □    |
| <input type="checkbox"/> other _____               | □    |
| <input type="checkbox"/> other _____               | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |
| <input type="checkbox"/> other: _____              | □    |

Please check if additional forms required for another organism



BALANCE RCT #067

Plate #060

Visit #000

Patient ID

**ANY OTHER POSITIVE CULTURE RESULTS FORM 8.1**

**(From index culture collection date to 30 days later)**

NO OTHER POSITIVE MICROBIOLOGY RESULTS TO REPORT

1. Date of collection  2 0  Time of collection  :  (24 hh:mm)

Specimen Type  Urine  Bronchial brush/wash/lavage  Endotracheal tube aspirate  Tissue biopsy  
 Abscess  Burn  Wound  CSF  Stool  Body fluids  Peritoneal/Ascitic  
 Other (specify) \_\_\_\_\_  Pleural

Organism Code(s)

2. Date of collection  2 0  Time of collection  :  (24 hh:mm)

Specimen Type  Urine  Bronchial brush/wash/lavage  Endotracheal tube aspirate  Tissue biopsy  
 Abscess  Burn  Wound  CSF  Stool  Body fluids  Peritoneal/Ascitic  
 Other (specify) \_\_\_\_\_  Pleural

Organism Code(s)

3. Date of collection  2 0  Time of collection  :  (24 hh:mm)

Specimen Type  Urine  Bronchial brush/wash/lavage  Endotracheal tube aspirate  Tissue biopsy  
 Abscess  Burn  Wound  CSF  Stool  Body fluids  Peritoneal/Ascitic  
 Other (specify) \_\_\_\_\_  Pleural

Organism Code(s)

4. Date of collection  2 0  Time of collection  :  (24 hh:mm)

Specimen Type  Urine  Bronchial brush/wash/lavage  Endotracheal tube aspirate  Tissue biopsy  
 Abscess  Burn  Wound  CSF  Stool  Body fluids  Peritoneal/Ascitic  
 Other (specify) \_\_\_\_\_  Pleural

Organism Code(s)

5. Date of collection  2 0  Time of collection  :  (24 hh:mm)

Specimen Type  Urine  Bronchial brush/wash/lavage  Endotracheal tube aspirate  Tissue biopsy  
 Abscess  Burn  Wound  CSF  Stool  Body fluids  Peritoneal/Ascitic  
 Other (specify) \_\_\_\_\_  Pleural

Organism Code(s)





BALANCE RCT #067

Plate #070

Visit #000

Patient ID

**OTHER POSITIVE CULTURE RESULTS: ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S) FORM 9.1  
(FROM INDEX CULTURE TO 30 DAYS LATER)**

**ORGANISM # 1** Organism code:

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ANTIMICROBIAL (check ALL that apply)**

	CODE		CODE
<input type="checkbox"/> ampicillin / amoxicillin	<input type="text"/>	<input type="checkbox"/> meropenem	<input type="text"/>
<input type="checkbox"/> amoxicillin-clavulanate	<input type="text"/>	<input type="checkbox"/> gentamicin	<input type="text"/>
<input type="checkbox"/> cloxacillin/oxacillin	<input type="text"/>	<input type="checkbox"/> tobramycin	<input type="text"/>
<input type="checkbox"/> penicillin	<input type="text"/>	<input type="checkbox"/> amikacin	<input type="text"/>
<input type="checkbox"/> piperacillin	<input type="text"/>	<input type="checkbox"/> vancomycin	<input type="text"/>
<input type="checkbox"/> piperacillin-tazobactam	<input type="text"/>	<input type="checkbox"/> tigecycline	<input type="text"/>
<input type="checkbox"/> ticarcillin-clavulanate	<input type="text"/>	<input type="checkbox"/> colistin/colistemetate	<input type="text"/>
<input type="checkbox"/> cefazolin	<input type="text"/>	<input type="checkbox"/> polymyxin B	<input type="text"/>
<input type="checkbox"/> ceftriaxone/cefotaxime	<input type="text"/>	<input type="checkbox"/> erythro/azithro/clarithro	<input type="text"/>
<input type="checkbox"/> ceftazidime	<input type="text"/>	<input type="checkbox"/> fluconazole	<input type="text"/>
<input type="checkbox"/> clindamycin	<input type="text"/>	<input type="checkbox"/> voriconazole	<input type="text"/>
<input type="checkbox"/> tetracycline/doxycycline	<input type="text"/>	<input type="checkbox"/> caspofungin	<input type="text"/>
<input type="checkbox"/> tmp-smx (sepra)	<input type="text"/>	<input type="checkbox"/> micafungin	<input type="text"/>
<input type="checkbox"/> ciprofloxacin	<input type="text"/>	<input type="checkbox"/> anidulafungin	<input type="text"/>
<input type="checkbox"/> levofloxacin	<input type="text"/>	<input type="checkbox"/> amphotericin	<input type="text"/>
<input type="checkbox"/> moxifloxacin	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>
<input type="checkbox"/> ertapenem	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>
<input type="checkbox"/> imipenem	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>

Please check if additional forms required for another organism



BALANCE RCT #067

Plate #071

Visit #000

Patient ID

**OTHER POSITIVE CULTURE RESULTS: ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S) FORM 9.2  
(FROM INDEX CULTURE TO 30 DAYS LATER)**

**ORGANISM # 2** Organism code:

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ANTIMICROBIAL (check ALL that apply)**

	CODE		CODE
<input type="checkbox"/> ampicillin / amoxicillin	<input type="text"/>	<input type="checkbox"/> meropenem	<input type="text"/>
<input type="checkbox"/> amoxicillin-clavulanate	<input type="text"/>	<input type="checkbox"/> gentamicin	<input type="text"/>
<input type="checkbox"/> cloxacillin/oxacillin	<input type="text"/>	<input type="checkbox"/> tobramycin	<input type="text"/>
<input type="checkbox"/> penicillin	<input type="text"/>	<input type="checkbox"/> amikacin	<input type="text"/>
<input type="checkbox"/> piperacillin	<input type="text"/>	<input type="checkbox"/> vancomycin	<input type="text"/>
<input type="checkbox"/> piperacillin-tazobactam	<input type="text"/>	<input type="checkbox"/> tigecycline	<input type="text"/>
<input type="checkbox"/> ticarcillin-clavulanate	<input type="text"/>	<input type="checkbox"/> colistin/colistemetate	<input type="text"/>
<input type="checkbox"/> cefazolin	<input type="text"/>	<input type="checkbox"/> polymyxin B	<input type="text"/>
<input type="checkbox"/> ceftriaxone/cefotaxime	<input type="text"/>	<input type="checkbox"/> erythro/azithro/clarithro	<input type="text"/>
<input type="checkbox"/> ceftazidime	<input type="text"/>	<input type="checkbox"/> fluconazole	<input type="text"/>
<input type="checkbox"/> clindamycin	<input type="text"/>	<input type="checkbox"/> voriconazole	<input type="text"/>
<input type="checkbox"/> tetracycline/doxycycline	<input type="text"/>	<input type="checkbox"/> caspofungin	<input type="text"/>
<input type="checkbox"/> tmp-smx (sepra)	<input type="text"/>	<input type="checkbox"/> micafungin	<input type="text"/>
<input type="checkbox"/> ciprofloxacin	<input type="text"/>	<input type="checkbox"/> anidulafungin	<input type="text"/>
<input type="checkbox"/> levofloxacin	<input type="text"/>	<input type="checkbox"/> amphotericin	<input type="text"/>
<input type="checkbox"/> moxifloxacin	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>
<input type="checkbox"/> ertapenem	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>
<input type="checkbox"/> imipenem	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>

Please check if additional forms required for another organism





BALANCE RCT #067

Plate #072

Visit #000

Patient ID

**OTHER POSITIVE CULTURE RESULTS: ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S) FORM 9.3  
(FROM INDEX CULTURE TO 30 DAYS LATER)**

**ORGANISM # 3** Organism code:

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ANTIMICROBIAL (check ALL that apply)**

	CODE		CODE
<input type="checkbox"/> ampicillin / amoxicillin	<input type="text"/>	<input type="checkbox"/> meropenem	<input type="text"/>
<input type="checkbox"/> amoxicillin-clavulanate	<input type="text"/>	<input type="checkbox"/> gentamicin	<input type="text"/>
<input type="checkbox"/> cloxacillin/oxacillin	<input type="text"/>	<input type="checkbox"/> tobramycin	<input type="text"/>
<input type="checkbox"/> penicillin	<input type="text"/>	<input type="checkbox"/> amikacin	<input type="text"/>
<input type="checkbox"/> piperacillin	<input type="text"/>	<input type="checkbox"/> vancomycin	<input type="text"/>
<input type="checkbox"/> piperacillin-tazobactam	<input type="text"/>	<input type="checkbox"/> tigecycline	<input type="text"/>
<input type="checkbox"/> ticarcillin-clavulanate	<input type="text"/>	<input type="checkbox"/> colistin/colistemetate	<input type="text"/>
<input type="checkbox"/> cefazolin	<input type="text"/>	<input type="checkbox"/> polymyxin B	<input type="text"/>
<input type="checkbox"/> ceftriaxone/cefotaxime	<input type="text"/>	<input type="checkbox"/> erythro/azithro/clarithro	<input type="text"/>
<input type="checkbox"/> ceftazidime	<input type="text"/>	<input type="checkbox"/> fluconazole	<input type="text"/>
<input type="checkbox"/> clindamycin	<input type="text"/>	<input type="checkbox"/> voriconazole	<input type="text"/>
<input type="checkbox"/> tetracycline/doxycycline	<input type="text"/>	<input type="checkbox"/> caspofungin	<input type="text"/>
<input type="checkbox"/> tmp-smx (sepra)	<input type="text"/>	<input type="checkbox"/> micafungin	<input type="text"/>
<input type="checkbox"/> ciprofloxacin	<input type="text"/>	<input type="checkbox"/> anidulafungin	<input type="text"/>
<input type="checkbox"/> levofloxacin	<input type="text"/>	<input type="checkbox"/> amphotericin	<input type="text"/>
<input type="checkbox"/> moxifloxacin	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>
<input type="checkbox"/> ertapenem	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>
<input type="checkbox"/> imipenem	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>

Please check if additional forms required for another organism



BALANCE RCT #067

Plate #073

Visit #000

Patient ID

**OTHER POSITIVE CULTURE RESULTS: ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S) FORM 9.4  
(FROM INDEX CULTURE TO 30 DAYS LATER)**

**ORGANISM # 4** Organism code:

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ANTIMICROBIAL (check ALL that apply)**

	CODE		CODE
<input type="checkbox"/> ampicillin / amoxicillin	<input type="text"/>	<input type="checkbox"/> meropenem	<input type="text"/>
<input type="checkbox"/> amoxicillin-clavulanate	<input type="text"/>	<input type="checkbox"/> gentamicin	<input type="text"/>
<input type="checkbox"/> cloxacillin/oxacillin	<input type="text"/>	<input type="checkbox"/> tobramycin	<input type="text"/>
<input type="checkbox"/> penicillin	<input type="text"/>	<input type="checkbox"/> amikacin	<input type="text"/>
<input type="checkbox"/> piperacillin	<input type="text"/>	<input type="checkbox"/> vancomycin	<input type="text"/>
<input type="checkbox"/> piperacillin-tazobactam	<input type="text"/>	<input type="checkbox"/> tigecycline	<input type="text"/>
<input type="checkbox"/> ticarcillin-clavulanate	<input type="text"/>	<input type="checkbox"/> colistin/colistemetate	<input type="text"/>
<input type="checkbox"/> cefazolin	<input type="text"/>	<input type="checkbox"/> polymyxin B	<input type="text"/>
<input type="checkbox"/> ceftriaxone/cefotaxime	<input type="text"/>	<input type="checkbox"/> erythro/azithro/clarithro	<input type="text"/>
<input type="checkbox"/> ceftazidime	<input type="text"/>	<input type="checkbox"/> fluconazole	<input type="text"/>
<input type="checkbox"/> clindamycin	<input type="text"/>	<input type="checkbox"/> voriconazole	<input type="text"/>
<input type="checkbox"/> tetracycline/doxycycline	<input type="text"/>	<input type="checkbox"/> caspofungin	<input type="text"/>
<input type="checkbox"/> tmp-smx (sepra)	<input type="text"/>	<input type="checkbox"/> micafungin	<input type="text"/>
<input type="checkbox"/> ciprofloxacin	<input type="text"/>	<input type="checkbox"/> anidulafungin	<input type="text"/>
<input type="checkbox"/> levofloxacin	<input type="text"/>	<input type="checkbox"/> amphotericin	<input type="text"/>
<input type="checkbox"/> moxifloxacin	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>
<input type="checkbox"/> ertapenem	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>
<input type="checkbox"/> imipenem	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>

Please check if additional forms required for another organism



BALANCE RCT #067

Plate #074

Visit #000

Patient ID

**OTHER POSITIVE CULTURE RESULTS: ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S) FORM 9.5  
(FROM INDEX CULTURE TO 30 DAYS LATER)**

**ORGANISM # 5** Organism code:

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ANTIMICROBIAL (check ALL that apply)**

	CODE		CODE
<input type="checkbox"/> ampicillin / amoxicillin	<input type="text"/>	<input type="checkbox"/> meropenem	<input type="text"/>
<input type="checkbox"/> amoxicillin-clavulanate	<input type="text"/>	<input type="checkbox"/> gentamicin	<input type="text"/>
<input type="checkbox"/> cloxacillin/oxacillin	<input type="text"/>	<input type="checkbox"/> tobramycin	<input type="text"/>
<input type="checkbox"/> penicillin	<input type="text"/>	<input type="checkbox"/> amikacin	<input type="text"/>
<input type="checkbox"/> piperacillin	<input type="text"/>	<input type="checkbox"/> vancomycin	<input type="text"/>
<input type="checkbox"/> piperacillin-tazobactam	<input type="text"/>	<input type="checkbox"/> tigecycline	<input type="text"/>
<input type="checkbox"/> ticarcillin-clavulanate	<input type="text"/>	<input type="checkbox"/> colistin/colistemetate	<input type="text"/>
<input type="checkbox"/> cefazolin	<input type="text"/>	<input type="checkbox"/> polymyxin B	<input type="text"/>
<input type="checkbox"/> ceftriaxone/cefotaxime	<input type="text"/>	<input type="checkbox"/> erythro/azithro/clarithro	<input type="text"/>
<input type="checkbox"/> ceftazidime	<input type="text"/>	<input type="checkbox"/> fluconazole	<input type="text"/>
<input type="checkbox"/> clindamycin	<input type="text"/>	<input type="checkbox"/> voriconazole	<input type="text"/>
<input type="checkbox"/> tetracycline/doxycycline	<input type="text"/>	<input type="checkbox"/> caspofungin	<input type="text"/>
<input type="checkbox"/> tmp-smx (sepra)	<input type="text"/>	<input type="checkbox"/> micafungin	<input type="text"/>
<input type="checkbox"/> ciprofloxacin	<input type="text"/>	<input type="checkbox"/> anidulafungin	<input type="text"/>
<input type="checkbox"/> levofloxacin	<input type="text"/>	<input type="checkbox"/> amphotericin	<input type="text"/>
<input type="checkbox"/> moxifloxacin	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>
<input type="checkbox"/> ertapenem	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>
<input type="checkbox"/> imipenem	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>

Please check if additional forms required for another organism



BALANCE RCT #067

Plate #075

Visit #000

Patient ID

**OTHER POSITIVE CULTURE RESULTS: ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S) FORM 9.6  
(FROM INDEX CULTURE TO 30 DAYS LATER)**

**ORGANISM # 6** Organism code:

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ANTIMICROBIAL (check ALL that apply)**

	CODE		CODE
<input type="checkbox"/> ampicillin / amoxicillin	<input type="text"/>	<input type="checkbox"/> meropenem	<input type="text"/>
<input type="checkbox"/> amoxicillin-clavulanate	<input type="text"/>	<input type="checkbox"/> gentamicin	<input type="text"/>
<input type="checkbox"/> cloxacillin/oxacillin	<input type="text"/>	<input type="checkbox"/> tobramycin	<input type="text"/>
<input type="checkbox"/> penicillin	<input type="text"/>	<input type="checkbox"/> amikacin	<input type="text"/>
<input type="checkbox"/> piperacillin	<input type="text"/>	<input type="checkbox"/> vancomycin	<input type="text"/>
<input type="checkbox"/> piperacillin-tazobactam	<input type="text"/>	<input type="checkbox"/> tigecycline	<input type="text"/>
<input type="checkbox"/> ticarcillin-clavulanate	<input type="text"/>	<input type="checkbox"/> colistin/colistemetate	<input type="text"/>
<input type="checkbox"/> cefazolin	<input type="text"/>	<input type="checkbox"/> polymyxin B	<input type="text"/>
<input type="checkbox"/> ceftriaxone/cefotaxime	<input type="text"/>	<input type="checkbox"/> erythro/azithro/clarithro	<input type="text"/>
<input type="checkbox"/> ceftazidime	<input type="text"/>	<input type="checkbox"/> fluconazole	<input type="text"/>
<input type="checkbox"/> clindamycin	<input type="text"/>	<input type="checkbox"/> voriconazole	<input type="text"/>
<input type="checkbox"/> tetracycline/doxycycline	<input type="text"/>	<input type="checkbox"/> caspofungin	<input type="text"/>
<input type="checkbox"/> tmp-smx (sepra)	<input type="text"/>	<input type="checkbox"/> micafungin	<input type="text"/>
<input type="checkbox"/> ciprofloxacin	<input type="text"/>	<input type="checkbox"/> anidulafungin	<input type="text"/>
<input type="checkbox"/> levofloxacin	<input type="text"/>	<input type="checkbox"/> amphotericin	<input type="text"/>
<input type="checkbox"/> moxifloxacin	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>
<input type="checkbox"/> ertapenem	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>
<input type="checkbox"/> imipenem	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>

Please check if additional forms required for another organism



BALANCE RCT #067

Plate #076

Visit #000

Patient ID

**OTHER POSITIVE CULTURE RESULTS: ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S) FORM 9.7  
(FROM INDEX CULTURE TO 30 DAYS LATER)**

**ORGANISM # 7** Organism code:

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ANTIMICROBIAL (check ALL that apply)**

	CODE		CODE
<input type="checkbox"/> ampicillin / amoxicillin	<input type="text"/>	<input type="checkbox"/> meropenem	<input type="text"/>
<input type="checkbox"/> amoxicillin-clavulanate	<input type="text"/>	<input type="checkbox"/> gentamicin	<input type="text"/>
<input type="checkbox"/> cloxacillin/oxacillin	<input type="text"/>	<input type="checkbox"/> tobramycin	<input type="text"/>
<input type="checkbox"/> penicillin	<input type="text"/>	<input type="checkbox"/> amikacin	<input type="text"/>
<input type="checkbox"/> piperacillin	<input type="text"/>	<input type="checkbox"/> vancomycin	<input type="text"/>
<input type="checkbox"/> piperacillin-tazobactam	<input type="text"/>	<input type="checkbox"/> tigecycline	<input type="text"/>
<input type="checkbox"/> ticarcillin-clavulanate	<input type="text"/>	<input type="checkbox"/> colistin/colistemetate	<input type="text"/>
<input type="checkbox"/> cefazolin	<input type="text"/>	<input type="checkbox"/> polymyxin B	<input type="text"/>
<input type="checkbox"/> ceftriaxone/cefotaxime	<input type="text"/>	<input type="checkbox"/> erythro/azithro/clarithro	<input type="text"/>
<input type="checkbox"/> ceftazidime	<input type="text"/>	<input type="checkbox"/> fluconazole	<input type="text"/>
<input type="checkbox"/> clindamycin	<input type="text"/>	<input type="checkbox"/> voriconazole	<input type="text"/>
<input type="checkbox"/> tetracycline/doxycycline	<input type="text"/>	<input type="checkbox"/> caspofungin	<input type="text"/>
<input type="checkbox"/> tmp-smx (sepra)	<input type="text"/>	<input type="checkbox"/> micafungin	<input type="text"/>
<input type="checkbox"/> ciprofloxacin	<input type="text"/>	<input type="checkbox"/> anidulafungin	<input type="text"/>
<input type="checkbox"/> levofloxacin	<input type="text"/>	<input type="checkbox"/> amphotericin	<input type="text"/>
<input type="checkbox"/> moxifloxacin	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>
<input type="checkbox"/> ertapenem	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>
<input type="checkbox"/> imipenem	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>

Please check if additional forms required for another organism



BALANCE RCT #067

Plate #077

Visit #000

Patient ID

**OTHER POSITIVE CULTURE RESULTS: ANTIMICROBIAL SUSCEPTIBILITIES OF ORGANISM(S) FORM 9.8  
(FROM INDEX CULTURE TO 30 DAYS LATER)**

**ORGANISM # 8** Organism code:

**CODES:**  
S = Susceptible  
I = Intermediate  
R = Resistant

**ANTIMICROBIAL (check ALL that apply)**

	CODE		CODE
<input type="checkbox"/> ampicillin / amoxicillin	<input type="text"/>	<input type="checkbox"/> meropenem	<input type="text"/>
<input type="checkbox"/> amoxicillin-clavulanate	<input type="text"/>	<input type="checkbox"/> gentamicin	<input type="text"/>
<input type="checkbox"/> cloxacillin/oxacillin	<input type="text"/>	<input type="checkbox"/> tobramycin	<input type="text"/>
<input type="checkbox"/> penicillin	<input type="text"/>	<input type="checkbox"/> amikacin	<input type="text"/>
<input type="checkbox"/> piperacillin	<input type="text"/>	<input type="checkbox"/> vancomycin	<input type="text"/>
<input type="checkbox"/> piperacillin-tazobactam	<input type="text"/>	<input type="checkbox"/> tigecycline	<input type="text"/>
<input type="checkbox"/> ticarcillin-clavulanate	<input type="text"/>	<input type="checkbox"/> colistin/colistemetate	<input type="text"/>
<input type="checkbox"/> cefazolin	<input type="text"/>	<input type="checkbox"/> polymyxin B	<input type="text"/>
<input type="checkbox"/> ceftriaxone/cefotaxime	<input type="text"/>	<input type="checkbox"/> erythro/azithro/clarithro	<input type="text"/>
<input type="checkbox"/> ceftazidime	<input type="text"/>	<input type="checkbox"/> fluconazole	<input type="text"/>
<input type="checkbox"/> clindamycin	<input type="text"/>	<input type="checkbox"/> voriconazole	<input type="text"/>
<input type="checkbox"/> tetracycline/doxycycline	<input type="text"/>	<input type="checkbox"/> caspofungin	<input type="text"/>
<input type="checkbox"/> tmp-smx (sepra)	<input type="text"/>	<input type="checkbox"/> micafungin	<input type="text"/>
<input type="checkbox"/> ciprofloxacin	<input type="text"/>	<input type="checkbox"/> anidulafungin	<input type="text"/>
<input type="checkbox"/> levofloxacin	<input type="text"/>	<input type="checkbox"/> amphotericin	<input type="text"/>
<input type="checkbox"/> moxifloxacin	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>
<input type="checkbox"/> ertapenem	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>
<input type="checkbox"/> imipenem	<input type="text"/>	<input type="checkbox"/> other: _____	<input type="text"/>

Please check if additional forms required for another organism



BALANCE RCT #067

Plate #080

Visit #000

Patient ID

**WITHDRAWAL FORM 10.1 (page 1 of 1)**

1. Did the patient withdraw from the study at any point?  Yes  No

2. Was daily data collection continued?  Yes  No

**3. Reason for withdrawal from study**

1.  Patient had relevant exclusion criteria present prior to randomization

Please specify exclusion criteria: \_\_\_\_\_

2.  Consent withdrawn

patient

physician

legal SDM

other family member

other (specify): \_\_\_\_\_

3.  Duplicate randomization, specify first actual patient ID:

4.  One day of study drug administered only

4. Date of withdrawal



BALANCE RCT #067

Plate #090

Visit #000

Patient ID

**ANTIMICROBIAL-RELATED ADVERSE EVENTS FORM 11.1**

**(Up to 30 days post initiation of adequate antibiotic treatment)**

(Please refer to definitions)

**Date First Diagnosed  
dd/mm/yyyy**

during prescribed antibiotic  
treatment period

after prescribed antibiotic treatment period  
but pt still receiving ABX for initial bacteremia

after prescribed antibiotic treatment period  
and pt not receiving ABX for initial bacteremia

1.  allergy     
 2 0

2.  anaphylaxis     
 2 0

3.  kidney injury     
 2 0

4.  liver injury     
 2 0

5.  other related organ toxicity     
 2 0

specify:

\_\_\_\_\_  
\_\_\_\_\_

6.  C. difficile     
 2 0

8.  NONE OF THE ABOVE





BALANCE RCT #067

Plate #100

Visit #000

Patient ID [ ][ ] [ ][ ][ ][ ]

**TIME COURSE: DAILY DATA COLLECTION FORM 12.0**

**(note: day 0 means day of first positive (index) blood culture collection for which patient is included)**

DAY 0 is: [ ][ ] [ ][ ] 20 [ ][ ] (dd/mm/yyyy)

\*Record the most extreme abnormal value from study day (between 08:00 this day and 07:59 the following day)

Respiratory support with mechanical ventilation?  Yes  No

(defined as invasive positive pressure ventilation through an endotracheal tube or tracheostomy tube)

If patient receiving O<sub>2</sub> via nasal prongs, specify highest value received, [ ][ ] L/min

Dialysis (any mode)?  Yes  No

Any vasopressor/inotropic support?  Yes  No

- Dopamine ≤5ug/kg/min OR Dobutamine OR milrinone OR levosimendan any dose?  Yes  No
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?  Yes  No
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min  Yes  No

FiO<sub>2</sub> (0.21-1.0) [ ][ ] [ ][ ] PaO<sub>2</sub> (mmHg) [ ][ ][ ][ ] Resp rate/min [ ][ ] Platelet count (x10<sup>9</sup>/L) [ ][ ][ ][ ] Bilirubin [ ][ ][ ][ ]  umol/L  mg/dL White blood cell [ ][ ][ ][ ] [ ][ ] x10<sup>9</sup>/L

(Use the same ABG reading for FiO<sub>2</sub> and PaO<sub>2</sub> to get the worst P/F ratio)

Creatinine (umol/L) [ ][ ][ ][ ]  umol/L  mg/dL Urine output (mL) [ ][ ][ ][ ][ ][ ] Is this a 24h urinecollection?  Yes  No → total nearest hrs: [ ][ ]

Central venous pressure [ ][ ] C- reactive protein [ ][ ][ ] Glasgow Coma Score [ ][ ] Patient intubated?  Yes  No  
 Patient sedated?  Yes  No

Mean arterial pressure [ ][ ][ ] mmHg Systolic BP [ ][ ][ ] mmHg Diastolic BP [ ][ ][ ] mmHg Heart rate [ ][ ][ ] bpm Core temperature [ ][ ] [ ][ ] deg C

Will there be collection of any more time points for this patient? Yes  No



BALANCE RCT #067

Plate #101

01

Study Day

Patient ID [ ][ ] [ ][ ][ ][ ]

**TIME COURSE: DAILY DATA COLLECTION FORM 12.1**

**(note: day 1 means 1 day after collection of first positive blood culture for which patient is included)**

DAY 1 is: [ ][ ] [ ][ ] 20 [ ][ ] (dd/mm/yyyy)

**\*Record the most extreme abnormal value from study day (between 08:00 this day and 07:59 the following day)**

Respiratory support with mechanical ventilation?  Yes  No

(defined as invasive positive pressure ventilation through an endotracheal tube or tracheostomy tube)

If patient receiving O<sub>2</sub> via nasal prongs, specify highest value received, [ ][ ] L/min

Dialysis (any mode)?  Yes  No

Any vasopressor/inotropic support?  Yes  No

- |  |   |                          |                          |
|--|---|--------------------------|--------------------------|
|  | ↓ | Yes                      | No                       |
| - Dopamine ≤5ug/kg/min OR Dobutamine OR milrinone OR levosimendan any dose?                            |   | <input type="checkbox"/> | <input type="checkbox"/> |
| - Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine? |   | <input type="checkbox"/> | <input type="checkbox"/> |
| - Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min  |   | <input type="checkbox"/> | <input type="checkbox"/> |

FiO<sub>2</sub> (0.21-1.0) [ ][ ] [ ][ ] . [ ][ ]   
 PaO<sub>2</sub> (mmHg) [ ][ ][ ] [ ][ ][ ]   
 Resp rate/min [ ][ ][ ]   
 Platelet count (x10<sup>9</sup>/L) [ ][ ][ ][ ][ ]   
 Bilirubin [ ][ ][ ][ ] . [ ][ ]  umol/L  mg/dL   
 White blood cell [ ][ ][ ][ ] . [ ][ ] x10<sup>9</sup>/L  
 (Use the same ABG reading for FiO<sub>2</sub> and PaO<sub>2</sub> to get the worst P/F ratio)

Creatinine (umol/L) [ ][ ][ ][ ] . [ ][ ]  umol/L  mg/dL   
 Urine output (mL) [ ][ ][ ][ ][ ][ ][ ]   
 Is this a 24h urinecollection?  Yes  No → total nearest hrs: [ ][ ]

Central venous pressure [ ][ ][ ]   
 C- reactive protein [ ][ ][ ][ ]   
 Glasgow Coma Score [ ][ ][ ]   
 Patient intubated?  Yes  No  
 Patient sedated?  Yes  No

Mean arterial pressure [ ][ ][ ][ ] mmHg   
 Systolic BP [ ][ ][ ][ ] mmHg   
 Diastolic BP [ ][ ][ ][ ] mmHg   
 Heart rate [ ][ ][ ][ ] bpm   
 Core temperature [ ][ ][ ] . [ ][ ] deg C

Will there be collection of any more time points for this patient? Yes  No



BALANCE RCT #067

Plate #101

02

Study Day

Patient ID [ ][ ] [ ][ ][ ][ ]

**TIME COURSE: DAILY DATA COLLECTION FORM 12.2**

**(note: day 2 means 2 days after collection of first positive blood culture for which patient is included)**

DAY 2 is: [ ][ ] [ ][ ] 20 [ ][ ] (dd/mm/yyyy)

**\*Record the most extreme abnormal value from study day (between 08:00 this day and 07:59 the following day)**

Respiratory support with mechanical ventilation?  Yes  No

(defined as invasive positive pressure ventilation through an endotracheal tube or tracheostomy tube)

If patient receiving O<sub>2</sub> via nasal prongs, specify highest value received, [ ][ ] L/min

Dialysis (any mode)?  Yes  No

Any vasopressor/inotropic support?  Yes  No

- Dopamine ≤5ug/kg/min OR Dobutamine OR milrinone OR levosimendan any dose?  Yes  No
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?  Yes  No
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min  Yes  No

FiO<sub>2</sub> (0.21-1.0) [ ][ ] [ ][ ] PaO<sub>2</sub> (mmHg) [ ][ ][ ][ ] Resp rate/min [ ][ ] Platelet count (x10<sup>9</sup>/L) [ ][ ][ ][ ] Bilirubin [ ][ ][ ] [ ][ ]  umol/L  mg/dL White blood cell [ ][ ][ ][ ] [ ][ ] x10<sup>9</sup>/L  
 (Use the same ABG reading for FiO<sub>2</sub> and PaO<sub>2</sub> to get the worst P/F ratio)

Creatinine (umol/L) [ ][ ][ ][ ] [ ][ ]  umol/L  mg/dL Urine output (mL) [ ][ ][ ][ ][ ][ ] Is this a 24h urinecollection?  Yes  No → total nearest hrs: [ ][ ]

Central venous pressure [ ][ ] C- reactive protein [ ][ ][ ] Glasgow Coma Score [ ][ ] Patient intubated?  Yes  No  
 Patient sedated?  Yes  No

Mean arterial pressure [ ][ ][ ] mmHg Systolic BP [ ][ ][ ] mmHg Diastolic BP [ ][ ][ ] mmHg Heart rate [ ][ ][ ] bpm Core temperature [ ][ ] [ ][ ] deg C

Will there be collection of any more time points for this patient? Yes  No



BALANCE RCT #067

Plate #101

03

Study Day

Patient ID [ ][ ] [ ][ ][ ][ ]

**TIME COURSE: DAILY DATA COLLECTION FORM 12.3**

**(note: day 3 means 3 days after collection of first positive blood culture for which patient is included)**

DAY 3 is: [ ][ ] [ ][ ] 20 [ ][ ] (dd/mm/yyyy)

**\*Record the most extreme abnormal value from study day (between 08:00 this day and 07:59 the following day)**

Respiratory support with mechanical ventilation?  Yes  No

(defined as invasive positive pressure ventilation through an endotracheal tube or tracheostomy tube)

If patient receiving O<sub>2</sub> via nasal prongs, specify highest value received, [ ][ ] L/min

Dialysis (any mode)?  Yes  No

Any vasopressor/inotropic support?  Yes  No

- |  |   |                          |                          |
|--|---|--------------------------|--------------------------|
|  | ↓ | Yes                      | No                       |
| - Dopamine ≤5ug/kg/min OR Dobutamine OR milrinone OR levosimendan any dose?                            |   | <input type="checkbox"/> | <input type="checkbox"/> |
| - Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine? |   | <input type="checkbox"/> | <input type="checkbox"/> |
| - Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min  |   | <input type="checkbox"/> | <input type="checkbox"/> |

FiO<sub>2</sub> (0.21-1.0) [ ][ ] [ ][ ] . [ ][ ]   
 PaO<sub>2</sub> (mmHg) [ ][ ][ ] [ ][ ][ ]   
 Resp rate/min [ ][ ][ ]   
 Platelet count (x10<sup>9</sup>/L) [ ][ ][ ][ ][ ]   
 Bilirubin [ ][ ][ ][ ] . [ ][ ]  umol/L  mg/dL   
 White blood cell [ ][ ][ ][ ] . [ ][ ] x10<sup>9</sup>/L  
 (Use the same ABG reading for FiO<sub>2</sub> and PaO<sub>2</sub> to get the worst P/F ratio)

Creatinine (umol/L) [ ][ ][ ][ ] . [ ][ ]  umol/L  mg/dL   
 Urine output (mL) [ ][ ][ ][ ][ ][ ][ ]   
 Is this a 24h urinecollection?  Yes  No → total nearest hrs: [ ][ ]

Central venous pressure [ ][ ][ ]   
 C- reactive protein [ ][ ][ ][ ]   
 Glasgow Coma Score [ ][ ][ ]   
 Patient intubated?  Yes  No  
 Patient sedated?  Yes  No

Mean arterial pressure [ ][ ][ ][ ] mmHg   
 Systolic BP [ ][ ][ ][ ] mmHg   
 Diastolic BP [ ][ ][ ][ ] mmHg   
 Heart rate [ ][ ][ ][ ] bpm   
 Core temperature [ ][ ][ ] . [ ][ ] deg C

Will there be collection of any more time points for this patient? Yes  No



BALANCE RCT #067

Plate #101

04

Study Day

Patient ID [ ][ ] [ ][ ][ ][ ]

**TIME COURSE: DAILY DATA COLLECTION FORM 12.4**

**(note: day 4 means 4 days after collection of first positive blood culture for which patient is included)**

DAY 4 is: [ ][ ] [ ][ ] 20 [ ][ ] (dd/mm/yyyy)

**\*Record the most extreme abnormal value from study day (between 08:00 this day and 07:59 the following day)**

Respiratory support with mechanical ventilation?  Yes  No

(defined as invasive positive pressure ventilation through an endotracheal tube or tracheostomy tube)

If patient receiving O<sub>2</sub> via nasal prongs, specify highest value received, [ ][ ] L/min

Dialysis (any mode)?  Yes  No

Any vasopressor/inotropic support?  Yes  No

- |  |   |                          |                          |
|--|---|--------------------------|--------------------------|
|  | ↓ | Yes                      | No                       |
| - Dopamine ≤5ug/kg/min OR Dobutamine OR milrinone OR levosimendan any dose?                            |   | <input type="checkbox"/> | <input type="checkbox"/> |
| - Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine? |   | <input type="checkbox"/> | <input type="checkbox"/> |
| - Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min  |   | <input type="checkbox"/> | <input type="checkbox"/> |

FiO<sub>2</sub> (0.21-1.0) [ ][ ] [ ][ ] . [ ][ ]   
 PaO<sub>2</sub> (mmHg) [ ][ ][ ] [ ][ ][ ]   
 Resp rate/min [ ][ ][ ]   
 Platelet count (x10<sup>9</sup>/L) [ ][ ][ ][ ][ ]   
 Bilirubin [ ][ ][ ][ ] . [ ][ ]  umol/L  mg/dL   
 White blood cell [ ][ ][ ][ ] . [ ][ ] x10<sup>9</sup>/L  
 (Use the same ABG reading for FiO<sub>2</sub> and PaO<sub>2</sub> to get the worst P/F ratio)

Creatinine (umol/L) [ ][ ][ ][ ] . [ ][ ]  umol/L  mg/dL   
 Urine output (mL) [ ][ ][ ][ ][ ][ ][ ]   
 Is this a 24h urinecollection?  Yes  No → total nearest hrs: [ ][ ]

Central venous pressure [ ][ ][ ]   
 C- reactive protein [ ][ ][ ][ ]   
 Glasgow Coma Score [ ][ ][ ]   
 Patient intubated?  Yes  No  
 Patient sedated?  Yes  No

Mean arterial pressure [ ][ ][ ][ ] mmHg   
 Systolic BP [ ][ ][ ][ ] mmHg   
 Diastolic BP [ ][ ][ ][ ] mmHg   
 Heart rate [ ][ ][ ][ ] bpm   
 Core temperature [ ][ ][ ] . [ ][ ] deg C

Will there be collection of any more time points for this patient? Yes  No



BALANCE RCT #067

Plate #101

05

Study Day

Patient ID [ ][ ] [ ][ ][ ][ ]

**TIME COURSE: DAILY DATA COLLECTION FORM 12.5**

**(note: day 5 means 5 days after collection of first positive blood culture for which patient is included)**

DAY 5 is: [ ][ ] [ ][ ] 20 [ ][ ] (dd/mm/yyyy)

\*Record the most extreme abnormal value from study day (between 08:00 this day and 07:59 the following day)

Respiratory support with mechanical ventilation?  Yes  No

(defined as invasive positive pressure ventilation through an endotracheal tube or tracheostomy tube)

If patient receiving O<sub>2</sub> via nasal prongs, specify highest value received, [ ][ ] L/min

Dialysis (any mode)?  Yes  No

Any vasopressor/inotropic support?  Yes  No

- Dopamine ≤5ug/kg/min OR Dobutamine OR milrinone OR levosimendan any dose?  Yes  No
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?  Yes  No
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min  Yes  No

FiO<sub>2</sub> (0.21-1.0) [ ][ ] [ ][ ] PaO<sub>2</sub> (mmHg) [ ][ ][ ][ ] Resp rate/min [ ][ ] Platelet count (x10<sup>9</sup>/L) [ ][ ][ ][ ] Bilirubin [ ][ ][ ] [ ][ ]  umol/L  mg/dL White blood cell [ ][ ][ ][ ] [ ][ ] x10<sup>9</sup>/L  
 (Use the same ABG reading for FiO<sub>2</sub> and PaO<sub>2</sub> to get the worst P/F ratio)

Creatinine (umol/L) [ ][ ][ ][ ] [ ][ ]  umol/L  mg/dL Urine output (mL) [ ][ ][ ][ ][ ][ ] Is this a 24h urinecollection?  Yes  No → total nearest hrs: [ ][ ]

Central venous pressure [ ][ ] C- reactive protein [ ][ ][ ] Glasgow Coma Score [ ][ ] Patient intubated?  Yes  No  
 Patient sedated?  Yes  No

Mean arterial pressure [ ][ ][ ] mmHg Systolic BP [ ][ ][ ] mmHg Diastolic BP [ ][ ][ ] mmHg Heart rate [ ][ ][ ] bpm Core temperature [ ][ ] [ ][ ] deg C

Will there be collection of any more time points for this patient? Yes  No



BALANCE RCT #067

Plate #101

06

Study Day

Patient ID [ ][ ] [ ][ ][ ][ ]

**TIME COURSE: DAILY DATA COLLECTION FORM 12.6**

**(note: day 6 means 6 days after collection of first positive blood culture for which patient is included)**

DAY 6 is: [ ][ ] [ ][ ] 20 [ ][ ] (dd/mm/yyyy)

**\*Record the most extreme abnormal value from study day (between 08:00 this day and 07:59 the following day)**

Respiratory support with mechanical ventilation?  Yes  No

(defined as invasive positive pressure ventilation through an endotracheal tube or tracheostomy tube)

If patient receiving O<sub>2</sub> via nasal prongs, specify highest value received, [ ][ ] L/min

Dialysis (any mode)?  Yes  No

Any vasopressor/inotropic support?  Yes  No

- |  |   |                          |                          |
|--|---|--------------------------|--------------------------|
|  | ↓ | Yes                      | No                       |
| - Dopamine ≤5ug/kg/min OR Dobutamine OR milrinone OR levosimendan any dose?                            |   | <input type="checkbox"/> | <input type="checkbox"/> |
| - Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine? |   | <input type="checkbox"/> | <input type="checkbox"/> |
| - Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min  |   | <input type="checkbox"/> | <input type="checkbox"/> |

FiO<sub>2</sub> (0.21-1.0) [ ][ ] [ ][ ] . [ ][ ]   
 PaO<sub>2</sub> (mmHg) [ ][ ][ ] [ ][ ][ ]   
 Resp rate/min [ ][ ][ ]   
 Platelet count (x10<sup>9</sup>/L) [ ][ ][ ][ ][ ]   
 Bilirubin [ ][ ][ ][ ] . [ ][ ]  umol/L  mg/dL   
 White blood cell [ ][ ][ ][ ] . [ ][ ] x10<sup>9</sup>/L  
 (Use the same ABG reading for FiO<sub>2</sub> and PaO<sub>2</sub> to get the worst P/F ratio)

Creatinine (umol/L) [ ][ ][ ][ ] . [ ][ ]  umol/L  mg/dL   
 Urine output (mL) [ ][ ][ ][ ][ ][ ][ ]   
 Is this a 24h urinecollection?  Yes  No → total nearest hrs: [ ][ ]

Central venous pressure [ ][ ][ ]   
 C- reactive protein [ ][ ][ ][ ]   
 Glasgow Coma Score [ ][ ][ ]   
 Patient intubated?  Yes  No  
 Patient sedated?  Yes  No

Mean arterial pressure [ ][ ][ ][ ] mmHg   
 Systolic BP [ ][ ][ ][ ] mmHg   
 Diastolic BP [ ][ ][ ][ ] mmHg   
 Heart rate [ ][ ][ ][ ] bpm   
 Core temperature [ ][ ][ ] . [ ][ ] deg C

Will there be collection of any more time points for this patient? Yes  No



BALANCE RCT #067

Plate #101

07

Study Day

Patient ID [ ][ ] [ ][ ][ ][ ]

**TIME COURSE: DAILY DATA COLLECTION FORM 12.7**

**(note: day 7 means 7 days after collection of first positive blood culture for which patient is included)**

DAY 7 is: [ ][ ] [ ][ ] 20 [ ][ ] (dd/mm/yyyy)

**\*Record the most extreme abnormal value from study day (between 08:00 this day and 07:59 the following day)**

Respiratory support with mechanical ventilation?  Yes  No

(defined as invasive positive pressure ventilation through an endotracheal tube or tracheostomy tube)

If patient receiving O<sub>2</sub> via nasal prongs, specify highest value received, [ ][ ] L/min

Dialysis (any mode)?  Yes  No

Any vasopressor/inotropic support?  Yes  No

- |  |   |                          |                          |
|--|---|--------------------------|--------------------------|
|  | ↓ | Yes                      | No                       |
| - Dopamine ≤5ug/kg/min OR Dobutamine OR milrinone OR levosimendan any dose?                            |   | <input type="checkbox"/> | <input type="checkbox"/> |
| - Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine? |   | <input type="checkbox"/> | <input type="checkbox"/> |
| - Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min  |   | <input type="checkbox"/> | <input type="checkbox"/> |

FiO <sub>2</sub> (0.21-1.0)	PaO <sub>2</sub> (mmHg)	Resp rate/min	Platelet count (x10 <sup>9</sup> /L)	Bilirubin	White blood cell
[ ][ ] [ ][ ]	[ ][ ][ ][ ]	[ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ] [ ][ ] <input type="checkbox"/> umol/L <input type="checkbox"/> mg/dL	[ ][ ][ ] [ ][ ] x10 <sup>9</sup> /L
<small>(Use the same ABG reading for FiO<sub>2</sub> and PaO<sub>2</sub> to get the worst P/F ratio)</small>					

Creatinine (umol/L)	Urine output (mL)	Is this a 24h urinecollection?	total nearest hrs:
[ ][ ][ ][ ] [ ][ ] <input type="checkbox"/> umol/L <input type="checkbox"/> mg/dL	[ ][ ][ ][ ][ ][ ]	<input type="checkbox"/> Yes <input type="checkbox"/> No	[ ][ ]

Central venous pressure	C- reactive protein	Glasgow Coma Score	Patient intubated?
[ ][ ]	[ ][ ][ ]	[ ][ ]	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Patient sedated?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Mean arterial pressure	Systolic BP	Diastolic BP	Heart rate	Core temperature
[ ][ ][ ] mmHg	[ ][ ][ ] mmHg	[ ][ ][ ] mmHg	[ ][ ][ ] bpm	[ ][ ] [ ][ ] deg C

Will there be collection of any more time points for this patient? Yes  No





BALANCE RCT #067

Plate #101

08

Study Day

Patient ID [ ][ ] [ ][ ][ ][ ]

**TIME COURSE: DAILY DATA COLLECTION FORM 12.8**

**(note: day 8 means 8 days after collection of first positive blood culture for which patient is included)**

DAY 8 is: [ ][ ] [ ][ ] 20 [ ][ ] (dd/mm/yyyy)

**\*Record the most extreme abnormal value from study day (between 08:00 this day and 07:59 the following day)**

Respiratory support with mechanical ventilation?  Yes  No

(defined as invasive positive pressure ventilation through an endotracheal tube or tracheostomy tube)

If patient receiving O<sub>2</sub> via nasal prongs, specify highest value received, [ ][ ] L/min

Dialysis (any mode)?  Yes  No

Any vasopressor/inotropic support?  Yes  No

- |  |   |                          |                          |
|--|---|--------------------------|--------------------------|
|  | ↓ | Yes                      | No                       |
| - Dopamine ≤5ug/kg/min OR Dobutamine OR milrinone OR levosimendan any dose?                            |   | <input type="checkbox"/> | <input type="checkbox"/> |
| - Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine? |   | <input type="checkbox"/> | <input type="checkbox"/> |
| - Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min  |   | <input type="checkbox"/> | <input type="checkbox"/> |

FiO <sub>2</sub> (0.21-1.0)	PaO <sub>2</sub> (mmHg)	Resp rate/min	Platelet count (x10 <sup>9</sup> /L)	Bilirubin	White blood cell
[ ][ ] . [ ][ ]	[ ][ ][ ]	[ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ] . [ ][ ] <input type="checkbox"/> umol/L <input type="checkbox"/> mg/dL	[ ][ ][ ] . [ ][ ] x10 <sup>9</sup> /L
<small>(Use the same ABG reading for FiO<sub>2</sub> and PaO<sub>2</sub> to get the worst P/F ratio)</small>					

Creatinine (umol/L)	Urine output (mL)	Is this a 24h urinecollection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	total nearest hrs: [ ][ ]
[ ][ ][ ] . [ ][ ] <input type="checkbox"/> umol/L <input type="checkbox"/> mg/dL	[ ][ ][ ][ ][ ]			

Central venous pressure	C- reactive protein	Glasgow Coma Score	Patient intubated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[ ][ ]	[ ][ ][ ]	[ ][ ]	Patient sedated?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mean arterial pressure	Systolic BP	Diastolic BP	Heart rate	Core temperature
[ ][ ][ ] mmHg	[ ][ ][ ] mmHg	[ ][ ][ ] mmHg	[ ][ ][ ] bpm	[ ][ ] . [ ][ ] deg C

Will there be collection of any more time points for this patient? Yes  No



BALANCE RCT #067

Plate #101

09

Study Day

Patient ID [ ][ ] [ ][ ][ ][ ]

**TIME COURSE: DAILY DATA COLLECTION FORM 12.9**

**(note: day 9 means 9 days after collection of first positive blood culture for which patient is included)**

DAY 9 is: [ ][ ] [ ][ ] 20 [ ][ ] (dd/mm/yyyy)

**\*Record the most extreme abnormal value from study day (between 08:00 this day and 07:59 the following day)**

Respiratory support with mechanical ventilation?  Yes  No

(defined as invasive positive pressure ventilation through an endotracheal tube or tracheostomy tube)

If patient receiving O<sub>2</sub> via nasal prongs, specify highest value received, [ ][ ] L/min

Dialysis (any mode)?  Yes  No

Any vasopressor/inotropic support?  Yes  No

- Dopamine ≤5ug/kg/min OR Dobutamine OR milrinone OR levosimendan any dose?  Yes  No
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?  Yes  No
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min  Yes  No

FiO<sub>2</sub> (0.21-1.0) [ ][ ] [ ][ ] PaO<sub>2</sub> (mmHg) [ ][ ][ ] [ ][ ][ ] Resp rate/min [ ][ ][ ] Platelet count (x10<sup>9</sup>/L) [ ][ ][ ][ ][ ] Bilirubin [ ][ ][ ][ ] [ ][ ]  umol/L  mg/dL White blood cell [ ][ ][ ][ ] [ ][ ][ ] x10<sup>9</sup>/L  
 (Use the same ABG reading for FiO<sub>2</sub> and PaO<sub>2</sub> to get the worst P/F ratio)

Creatinine (umol/L) [ ][ ][ ][ ] [ ][ ]  umol/L  mg/dL Urine output (mL) [ ][ ][ ][ ][ ][ ][ ] Is this a 24h urinecollection?  Yes  No → total nearest hrs: [ ][ ]

Central venous pressure [ ][ ][ ] C- reactive protein [ ][ ][ ][ ] Glasgow Coma Score [ ][ ][ ] Patient intubated?  Yes  No  
 Patient sedated?  Yes  No

Mean arterial pressure [ ][ ][ ][ ] mmHg Systolic BP [ ][ ][ ][ ] mmHg Diastolic BP [ ][ ][ ][ ] mmHg Heart rate [ ][ ][ ][ ] bpm Core temperature [ ][ ][ ] [ ][ ] deg C

Will there be collection of any more time points for this patient? Yes  No



BALANCE RCT #067

Plate #101

10

Study Day

Patient ID [ ][ ] [ ][ ][ ][ ]

**TIME COURSE: DAILY DATA COLLECTION FORM 12.10**

**(note: day 10 means 10 days after collection of first positive blood culture for which patient is included)**

DAY 10 is: [ ][ ] [ ][ ] 20 [ ][ ] (dd/mm/yyyy)

**\*Record the most extreme abnormal value from study day (between 08:00 this day and 07:59 the following day)**

Respiratory support with mechanical ventilation?  Yes  No

(defined as invasive positive pressure ventilation through an endotracheal tube or tracheostomy tube)

If patient receiving O<sub>2</sub> via nasal prongs, specify highest value received, [ ][ ] L/min

Dialysis (any mode)?  Yes  No

Any vasopressor/inotropic support?  Yes  No

- Dopamine ≤5ug/kg/min OR Dobutamine OR milrinone OR levosimendan any dose?  Yes  No
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?  Yes  No
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min  Yes  No

FiO<sub>2</sub> (0.21-1.0) [ ][ ] [ ][ ] PaO<sub>2</sub> (mmHg) [ ][ ][ ][ ] Resp rate/min [ ][ ] Platelet count (x10<sup>9</sup>/L) [ ][ ][ ][ ] Bilirubin [ ][ ][ ] [ ][ ]  umol/L  mg/dL White blood cell [ ][ ][ ][ ] [ ][ ] x10<sup>9</sup>/L  
 (Use the same ABG reading for FiO<sub>2</sub> and PaO<sub>2</sub> to get the worst P/F ratio)

Creatinine (umol/L) [ ][ ][ ][ ] [ ][ ]  umol/L  mg/dL Urine output (mL) [ ][ ][ ][ ][ ][ ] Is this a 24h urinecollection?  Yes  No → total nearest hrs: [ ][ ]

Central venous pressure [ ][ ] C- reactive protein [ ][ ][ ] Glasgow Coma Score [ ][ ] Patient intubated?  Yes  No  
 Patient sedated?  Yes  No

Mean arterial pressure [ ][ ][ ] mmHg Systolic BP [ ][ ][ ] mmHg Diastolic BP [ ][ ][ ] mmHg Heart rate [ ][ ][ ] bpm Core temperature [ ][ ] [ ][ ] deg C

Will there be collection of any more time points for this patient? Yes  No



BALANCE RCT #067

Plate #101

11

Study Day

Patient ID [ ][ ] [ ][ ][ ][ ]

**TIME COURSE: DAILY DATA COLLECTION FORM 12.11**

**(note: day 11 means 11 days after collection of first positive blood culture for which patient is included)**

DAY 11 is: [ ][ ] [ ][ ] 20 [ ][ ] (dd/mm/yyyy)

**\*Record the most extreme abnormal value from study day (between 08:00 this day and 07:59 the following day)**

Respiratory support with mechanical ventilation?  Yes  No

(defined as invasive positive pressure ventilation through an endotracheal tube or tracheostomy tube)

If patient receiving O<sub>2</sub> via nasal prongs, specify highest value received, [ ][ ] L/min

Dialysis (any mode)?  Yes  No

Any vasopressor/inotropic support?  Yes  No

- Dopamine ≤5ug/kg/min OR Dobutamine OR milrinone OR levosimendan any dose?  Yes  No

- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?  Yes  No

- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min  Yes  No

FiO<sub>2</sub> (0.21-1.0) [ ][ ] PaO<sub>2</sub> (mmHg) [ ][ ][ ] Resp rate/min [ ][ ] Platelet count (x10<sup>9</sup>/L) [ ][ ][ ][ ] Bilirubin [ ][ ][ ]  umol/L  mg/dL White blood cell [ ][ ][ ] x10<sup>9</sup>/L

(Use the same ABG reading for FiO<sub>2</sub> and PaO<sub>2</sub> to get the worst P/F ratio)

Creatinine (umol/L) [ ][ ][ ][ ]  umol/L  mg/dL Urine output (mL) [ ][ ][ ][ ][ ][ ] Is this a 24h urinecollection?  Yes  No → total nearest hrs: [ ][ ]

Central venous pressure [ ][ ] C- reactive protein [ ][ ][ ] Glasgow Coma Score [ ][ ] Patient intubated?  Yes  No Patient sedated?  Yes  No

Mean arterial pressure [ ][ ][ ] mmHg Systolic BP [ ][ ][ ] mmHg Diastolic BP [ ][ ][ ] mmHg Heart rate [ ][ ][ ] bpm Core temperature [ ][ ] . [ ][ ] deg C

Will there be collection of any more time points for this patient? Yes  No



BALANCE RCT #067

Plate #101

1 2

Study Day

Patient ID [ ][ ] [ ][ ][ ][ ]

**TIME COURSE: DAILY DATA COLLECTION FORM 12.12**

**(note: day 12 means 12 days after collection of first positive blood culture for which patient is included)**

DAY 12 is: [ ][ ] [ ][ ] 2 0 [ ][ ] (dd/mm/yyyy)

**\*Record the most extreme abnormal value from study day (between 08:00 this day and 07:59 the following day)**

Respiratory support with mechanical ventilation?  Yes  No

(defined as invasive positive pressure ventilation through an endotracheal tube or tracheostomy tube)

If patient receiving O<sub>2</sub> via nasal prongs, specify highest value received, [ ][ ] L/min

Dialysis (any mode)?  Yes  No

Any vasopressor/inotropic support?  Yes  No

- Dopamine ≤5ug/kg/min OR Dobutamine OR milrinone OR levosimendan any dose?  Yes  No
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?  Yes  No
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min  Yes  No

FiO<sub>2</sub> (0.21-1.0) [ ][ ] [ ][ ] PaO<sub>2</sub> (mmHg) [ ][ ][ ][ ] Resp rate/min [ ][ ] Platelet count (x10<sup>9</sup>/L) [ ][ ][ ][ ] Bilirubin [ ][ ][ ] [ ][ ]  umol/L  mg/dL White blood cell [ ][ ][ ][ ] [ ][ ] x10<sup>9</sup>/L  
 (Use the same ABG reading for FiO<sub>2</sub> and PaO<sub>2</sub> to get the worst P/F ratio)

Creatinine (umol/L) [ ][ ][ ][ ] [ ][ ]  umol/L  mg/dL Urine output (mL) [ ][ ][ ][ ][ ][ ] Is this a 24h urinecollection?  Yes  No → total nearest hrs: [ ][ ]

Central venous pressure [ ][ ] C- reactive protein [ ][ ][ ] Glasgow Coma Score [ ][ ] Patient intubated?  Yes  No  
 Patient sedated?  Yes  No

Mean arterial pressure [ ][ ][ ] mmHg Systolic BP [ ][ ][ ] mmHg Diastolic BP [ ][ ][ ] mmHg Heart rate [ ][ ][ ] bpm Core temperature [ ][ ] [ ][ ] deg C

Will there be collection of any more time points for this patient? Yes  No



BALANCE RCT #067

Plate #101

13

Study Day

Patient ID [ ][ ] [ ][ ][ ][ ]

**TIME COURSE: DAILY DATA COLLECTION FORM 12.13**

**(note: day 13 means 13 days after collection of first positive blood culture for which patient is included)**

DAY 13 is: [ ][ ] [ ][ ] 20 [ ][ ] (dd/mm/yyyy)

**\*Record the most extreme abnormal value from study day (between 08:00 this day and 07:59 the following day)**

Respiratory support with mechanical ventilation?  Yes  No

(defined as invasive positive pressure ventilation through an endotracheal tube or tracheostomy tube)

If patient receiving O<sub>2</sub> via nasal prongs, specify highest value received, [ ][ ] L/min

Dialysis (any mode)?  Yes  No

Any vasopressor/inotropic support?  Yes  No

- |  |   |                          |                          |
|--|---|--------------------------|--------------------------|
|  | ↓ | Yes                      | No                       |
| - Dopamine ≤5ug/kg/min OR Dobutamine OR milrinone OR levosimendan any dose?                            |   | <input type="checkbox"/> | <input type="checkbox"/> |
| - Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine? |   | <input type="checkbox"/> | <input type="checkbox"/> |
| - Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min  |   | <input type="checkbox"/> | <input type="checkbox"/> |

FiO <sub>2</sub> (0.21-1.0)	PaO <sub>2</sub> (mmHg)	Resp rate/min	Platelet count (x10 <sup>9</sup> /L)	Bilirubin	White blood cell
[ ][ ] . [ ][ ]	[ ][ ][ ]	[ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ] . [ ][ ] <input type="checkbox"/> umol/L <input type="checkbox"/> mg/dL	[ ][ ][ ] . [ ][ ] x10 <sup>9</sup> /L
<small>(Use the same ABG reading for FiO<sub>2</sub> and PaO<sub>2</sub> to get the worst P/F ratio)</small>					

Creatinine (umol/L)	Urine output (mL)	Is this a 24h urinecollection? <input type="checkbox"/> Yes <input type="checkbox"/> No	total nearest hrs: [ ][ ]
[ ][ ][ ] . [ ][ ] <input type="checkbox"/> umol/L <input type="checkbox"/> mg/dL	[ ][ ][ ][ ][ ]		

Central venous pressure	C- reactive protein	Glasgow Coma Score	Patient intubated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[ ][ ]	[ ][ ][ ]	[ ][ ]	Patient sedated?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mean arterial pressure	Systolic BP	Diastolic BP	Heart rate	Core temperature
[ ][ ][ ] mmHg	[ ][ ][ ] mmHg	[ ][ ][ ] mmHg	[ ][ ][ ] bpm	[ ][ ] . [ ][ ] deg C

Will there be collection of any more time points for this patient? Yes  No



BALANCE RCT #067

Plate #101

14

Study Day

Patient ID [ ][ ] [ ][ ][ ][ ]

**TIME COURSE: DAILY DATA COLLECTION FORM 12.14**

**(note: day 14 means 14 days after collection of first positive blood culture for which patient is included)**

DAY 14 is: [ ][ ] [ ][ ] 20 [ ][ ] (dd/mm/yyyy)

**\*Record the most extreme abnormal value from study day (between 08:00 this day and 07:59 the following day)**

Respiratory support with mechanical ventilation?  Yes  No

(defined as invasive positive pressure ventilation through an endotracheal tube or tracheostomy tube)

If patient receiving O<sub>2</sub> via nasal prongs, specify highest value received, [ ][ ] L/min

Dialysis (any mode)?  Yes  No

Any vasopressor/inotropic support?  Yes  No

- Dopamine ≤5ug/kg/min OR Dobutamine OR milrinone OR levosimendan any dose?  Yes  No
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?  Yes  No
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min  Yes  No

FiO<sub>2</sub> (0.21-1.0) [ ][ ] [ ][ ] PaO<sub>2</sub> (mmHg) [ ][ ][ ][ ] Resp rate/min [ ][ ] Platelet count (x10<sup>9</sup>/L) [ ][ ][ ][ ] Bilirubin [ ][ ][ ][ ]  umol/L  mg/dL White blood cell [ ][ ][ ][ ] [ ][ ] x10<sup>9</sup>/L  
 (Use the same ABG reading for FiO<sub>2</sub> and PaO<sub>2</sub> to get the worst P/F ratio)

Creatinine (umol/L) [ ][ ][ ][ ]  umol/L  mg/dL Urine output (mL) [ ][ ][ ][ ][ ][ ] Is this a 24h urinecollection?  Yes  No → total nearest hrs: [ ][ ]

Central venous pressure [ ][ ] C- reactive protein [ ][ ][ ] Glasgow Coma Score [ ][ ] Patient intubated?  Yes  No  
 Patient sedated?  Yes  No

Mean arterial pressure [ ][ ][ ] mmHg Systolic BP [ ][ ][ ] mmHg Diastolic BP [ ][ ][ ] mmHg Heart rate [ ][ ][ ] bpm Core temperature [ ][ ] [ ][ ] deg C

Will there be collection of any more time points for this patient? Yes  No



BALANCE RCT #067

Study Drug #201

Visit #000

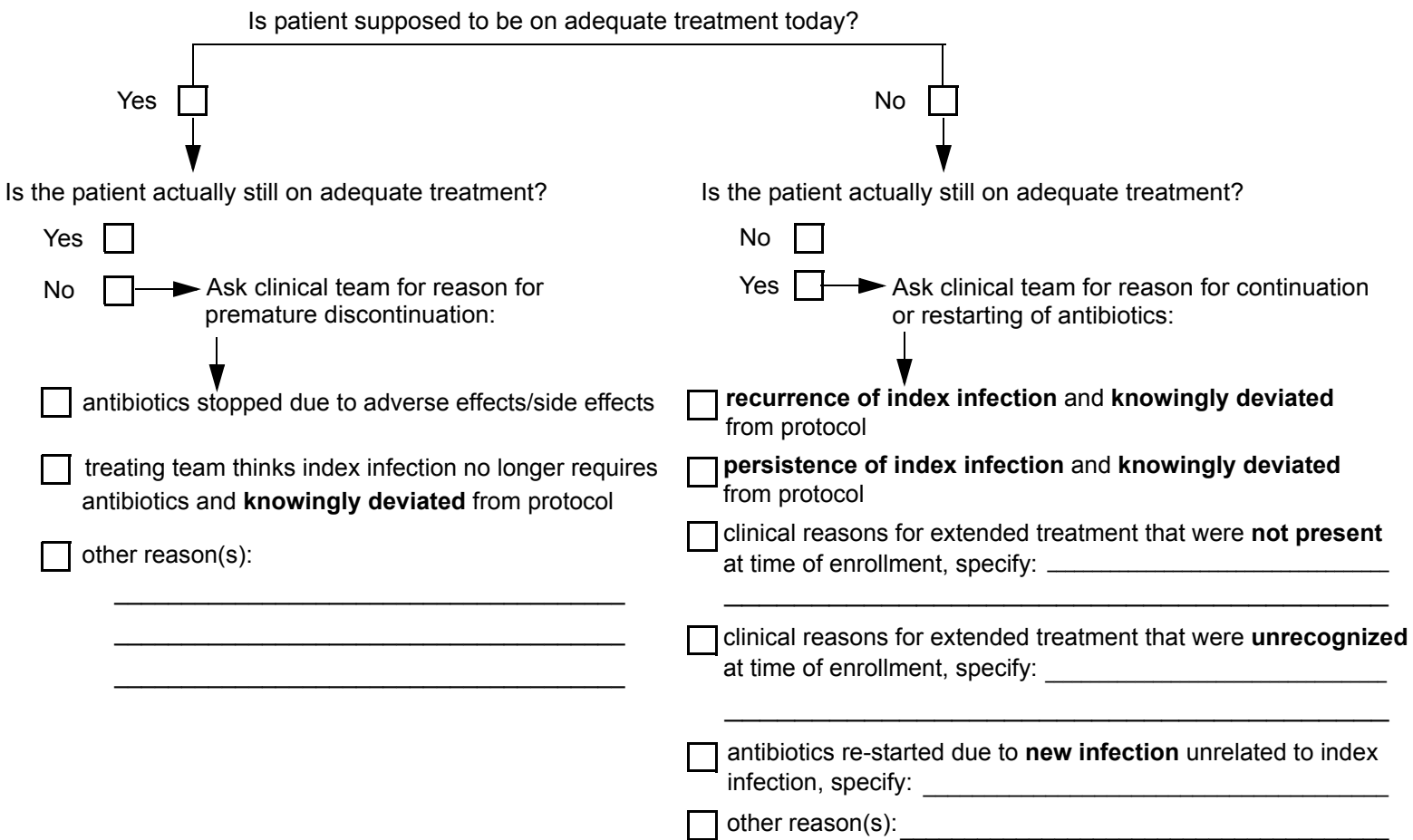
Patient ID [ ][ ] [ ][ ][ ][ ]

**STUDY DRUG RELATED DAILY DATA FORM 13.1**

(This form is to be used to assess patient daily (each AM) for 16 days after Randomization)

Current date: [ ][ ] [ ][ ] [2][0][ ][ ] (dd/mm/yyyy)

- Research Coordinator to Assess Patient Daily for 16 Days after Randomization.
- Research Coordinator with Site Investigator to Ensure Clinical Team Adheres to Study Treatment Duration Protocol.
- If The Clinical Team Stops Antibiotics Earlier Or Continues Them Longer Than Dictated by Protocol Then the Research Coordinator And/or Site Investigator Should Clarify The Reasons With The Clinical Team.
- If Clinical Team Deviates from Study Treatment Duration Protocol, Research Coordinator to Follow Below Algorithm:



Was patient randomized to?

7 D  → Discontinue the antibiotic on Day 7

14 D  → Continue antibiotic until day 14

Will there be collection of any more time points for this patient?

Yes  No





BALANCE RCT #067

Study Drug #202

Visit #000

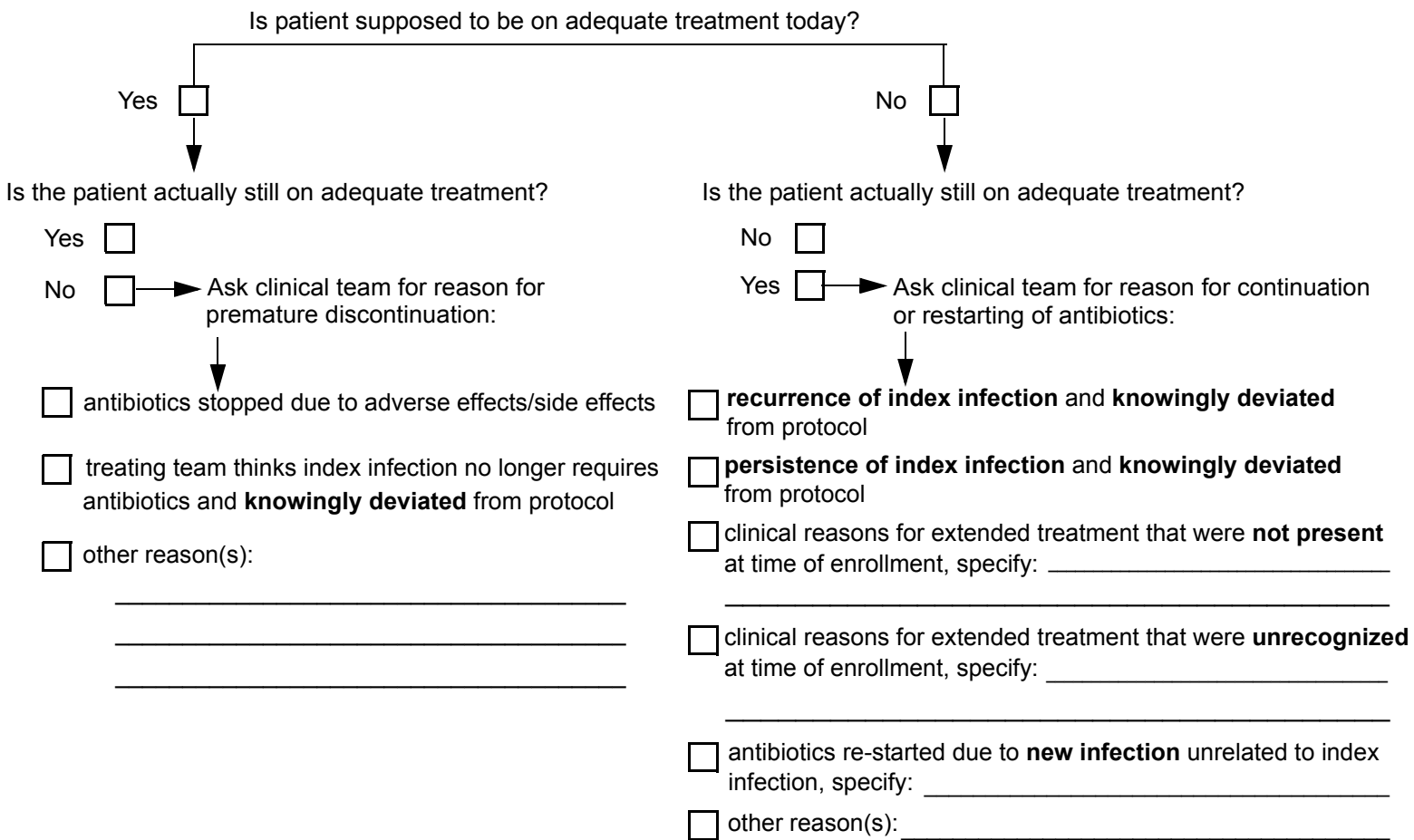
Patient ID [ ][ ] [ ][ ][ ][ ]

**STUDY DRUG RELATED DAILY DATA FORM 13.2**

(This form is to be used to assess patient daily (each AM) for 16 days after Randomization)

Current date: [ ][ ] [ ][ ] [2][0][ ][ ] (dd/mm/yyyy)

- Research Coordinator to Assess Patient Daily for 16 Days after Randomization.
- Research Coordinator with Site Investigator to Ensure Clinical Team Adheres to Study Treatment Duration Protocol.
- If The Clinical Team Stops Antibiotics Earlier Or Continues Them Longer Than Dictated by Protocol Then the Research Coordinator And/or Site Investigator Should Clarify The Reasons With The Clinical Team.
- If Clinical Team Deviates from Study Treatment Duration Protocol, Research Coordinator to Follow Below Algorithm:



Was patient randomized to?

7 D  → Discontinue the antibiotic on Day 7

14 D  → Continue antibiotic until day 14

Will there be collection of any more time points for this patient?

Yes  No



BALANCE RCT #067

Study Drug #203

Visit #000

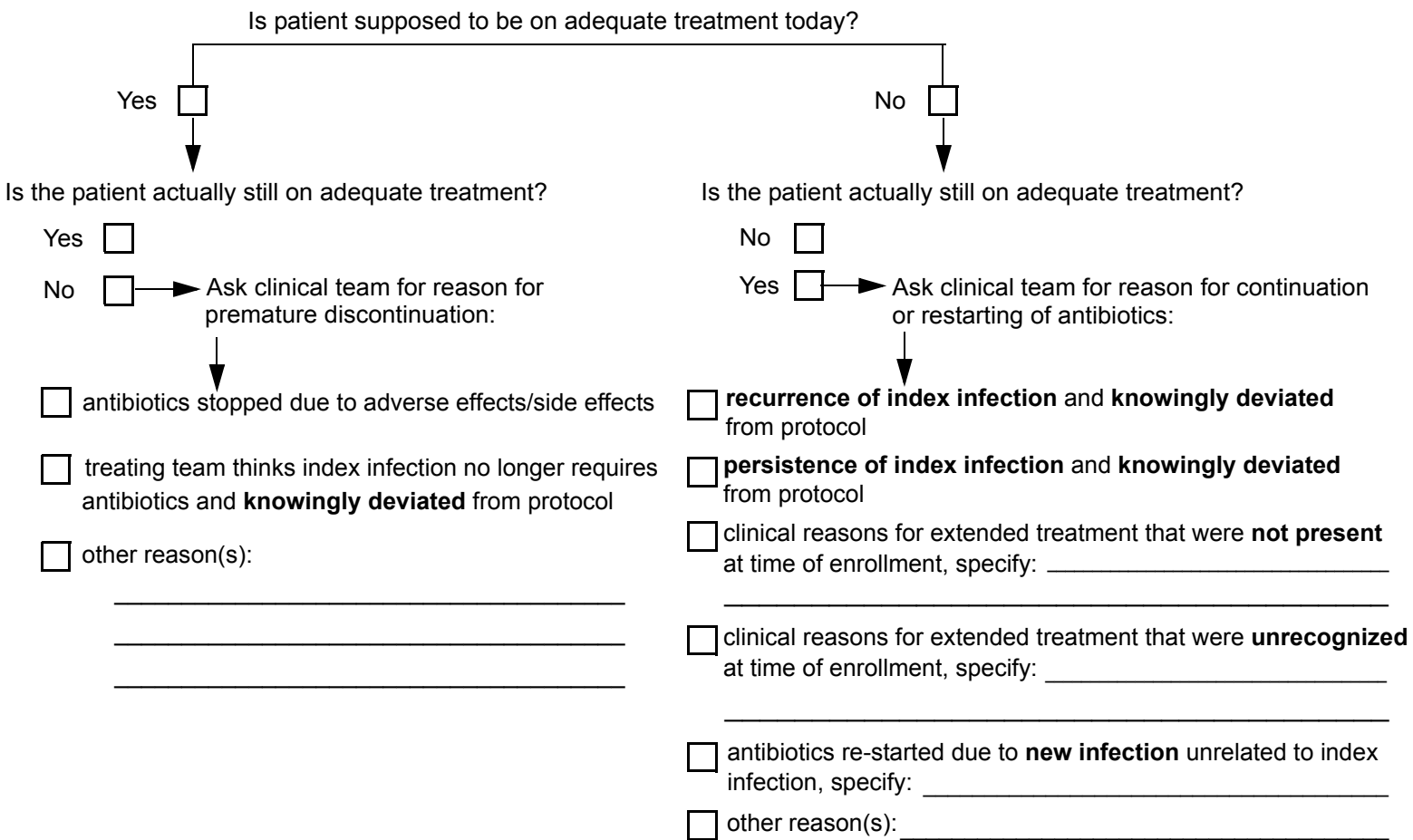
Patient ID [ ][ ] [ ][ ][ ][ ]

**STUDY DRUG RELATED DAILY DATA FORM 13.3**

(This form is to be used to assess patient daily (each AM) for 16 days after Randomization)

Current date: [ ][ ] [ ][ ] [2][0][ ][ ] (dd/mm/yyyy)

- Research Coordinator to Assess Patient Daily for 16 Days after Randomization.
- Research Coordinator with Site Investigator to Ensure Clinical Team Adheres to Study Treatment Duration Protocol.
- If The Clinical Team Stops Antibiotics Earlier Or Continues Them Longer Than Dictated by Protocol Then the Research Coordinator And/or Site Investigator Should Clarify The Reasons With The Clinical Team.
- If Clinical Team Deviates from Study Treatment Duration Protocol, Research Coordinator to Follow Below Algorithm:



Was patient randomized to?

7 D  → **Discontinue** the antibiotic on **Day 7**

14 D  → **Continue** antibiotic until day 14

Will there be collection of any more time points for this patient?

Yes  No



BALANCE RCT #067

Study Drug #204

Visit #000

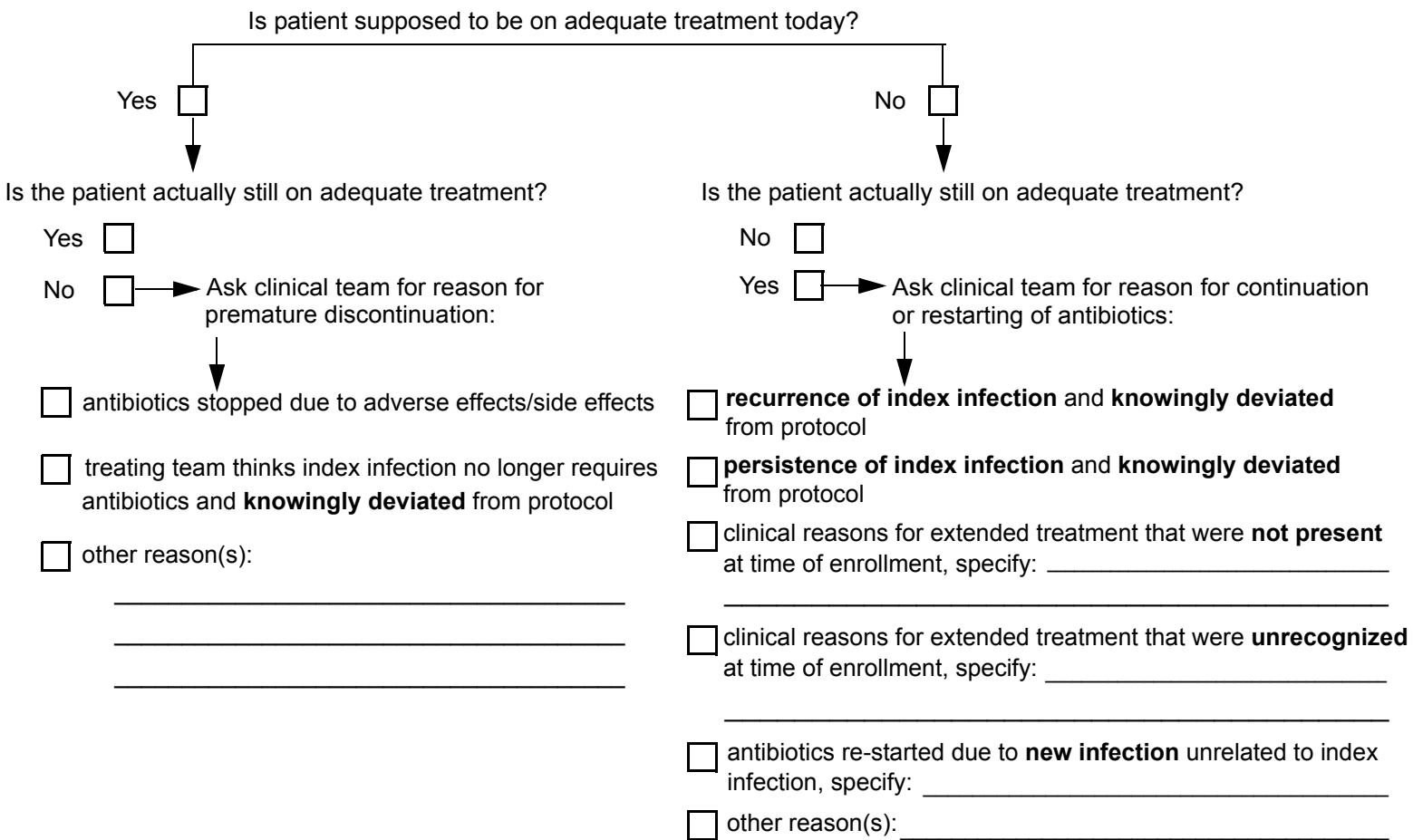
Patient ID [ ][ ] [ ][ ][ ][ ]

**STUDY DRUG RELATED DAILY DATA FORM 13.4**

(This form is to be used to assess patient daily (each AM) for 16 days after Randomization)

Current date: [ ][ ] [ ][ ] [2][0][ ][ ] (dd/mm/yyyy)

- Research Coordinator to Assess Patient Daily for 16 Days after Randomization.
- Research Coordinator with Site Investigator to Ensure Clinical Team Adheres to Study Treatment Duration Protocol.
- If The Clinical Team Stops Antibiotics Earlier Or Continues Them Longer Than Dictated by Protocol Then the Research Coordinator And/or Site Investigator Should Clarify The Reasons With The Clinical Team.
- If Clinical Team Deviates from Study Treatment Duration Protocol, Research Coordinator to Follow Below Algorithm:



Was patient randomized to?

7 D  Discontinue the antibiotic on Day 7

14 D  Continue antibiotic until day 14

Will there be collection of any more time points for this patient?

Yes  No



BALANCE RCT #067

Study Drug #205

Visit #000

Patient ID

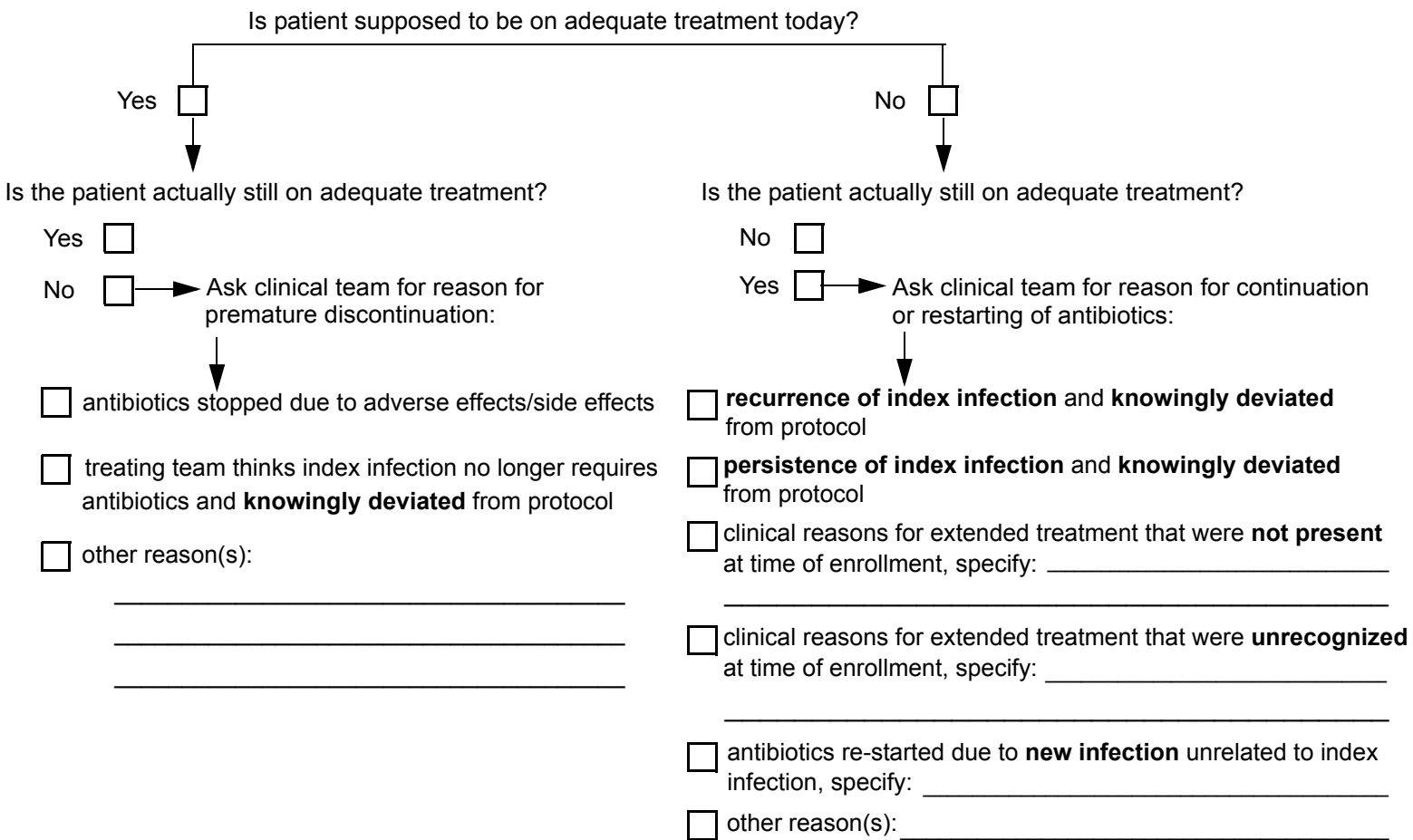
Grid for Patient ID

STUDY DRUG RELATED DAILY DATA FORM 13.5

(This form is to be used to assess patient daily (each AM) for 16 days after Randomization)

Current date: Grid (20) (dd/mm/yyyy)

- Research Coordinator to Assess Patient Daily for 16 Days after Randomization.
- Research Coordinator with Site Investigator to Ensure Clinical Team Adheres to Study Treatment Duration Protocol.
- If The Clinical Team Stops Antibiotics Earlier Or Continues Them Longer Than Dictated by Protocol Then the Research Coordinator And/or Site Investigator Should Clarify The Reasons With The Clinical Team.
- If Clinical Team Deviates from Study Treatment Duration Protocol, Research Coordinator to Follow Below Algorithm:



Was patient randomized to?

7 D [ ] -> Discontinue the antibiotic on Day 7

14 D [ ] -> Continue antibiotic until day 14

Will there be collection of any more time points for this patient?

Yes [ ] No [ ]



BALANCE RCT #067

Study Drug #206

Visit #000

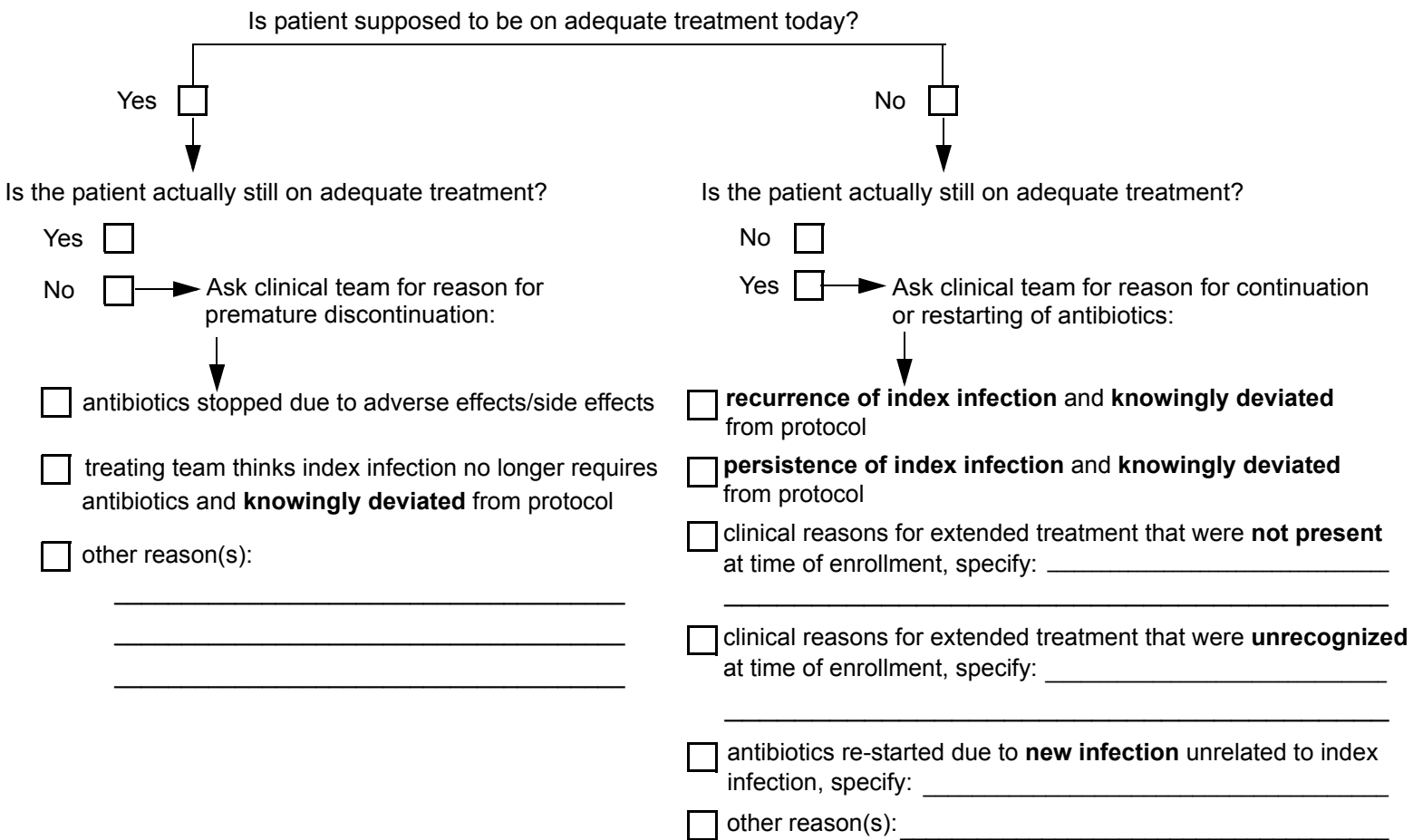
Patient ID [ ][ ] [ ][ ][ ][ ]

**STUDY DRUG RELATED DAILY DATA FORM 13.6**

(This form is to be used to assess patient daily (each AM) for 16 days after Randomization)

Current date: [ ][ ] [ ][ ] [2][0][ ][ ] (dd/mm/yyyy)

- Research Coordinator to Assess Patient Daily for 16 Days after Randomization.
- Research Coordinator with Site Investigator to Ensure Clinical Team Adheres to Study Treatment Duration Protocol.
- If The Clinical Team Stops Antibiotics Earlier Or Continues Them Longer Than Dictated by Protocol Then the Research Coordinator And/or Site Investigator Should Clarify The Reasons With The Clinical Team.
- If Clinical Team Deviates from Study Treatment Duration Protocol, Research Coordinator to Follow Below Algorithm:



Was patient randomized to?

7 D [ ] → Discontinue the antibiotic on Day 7

14 D [ ] → Continue antibiotic until day 14

Will there be collection of any more time points for this patient?

Yes [ ] No [ ]



BALANCE RCT #067

Study Drug #207

Visit #000

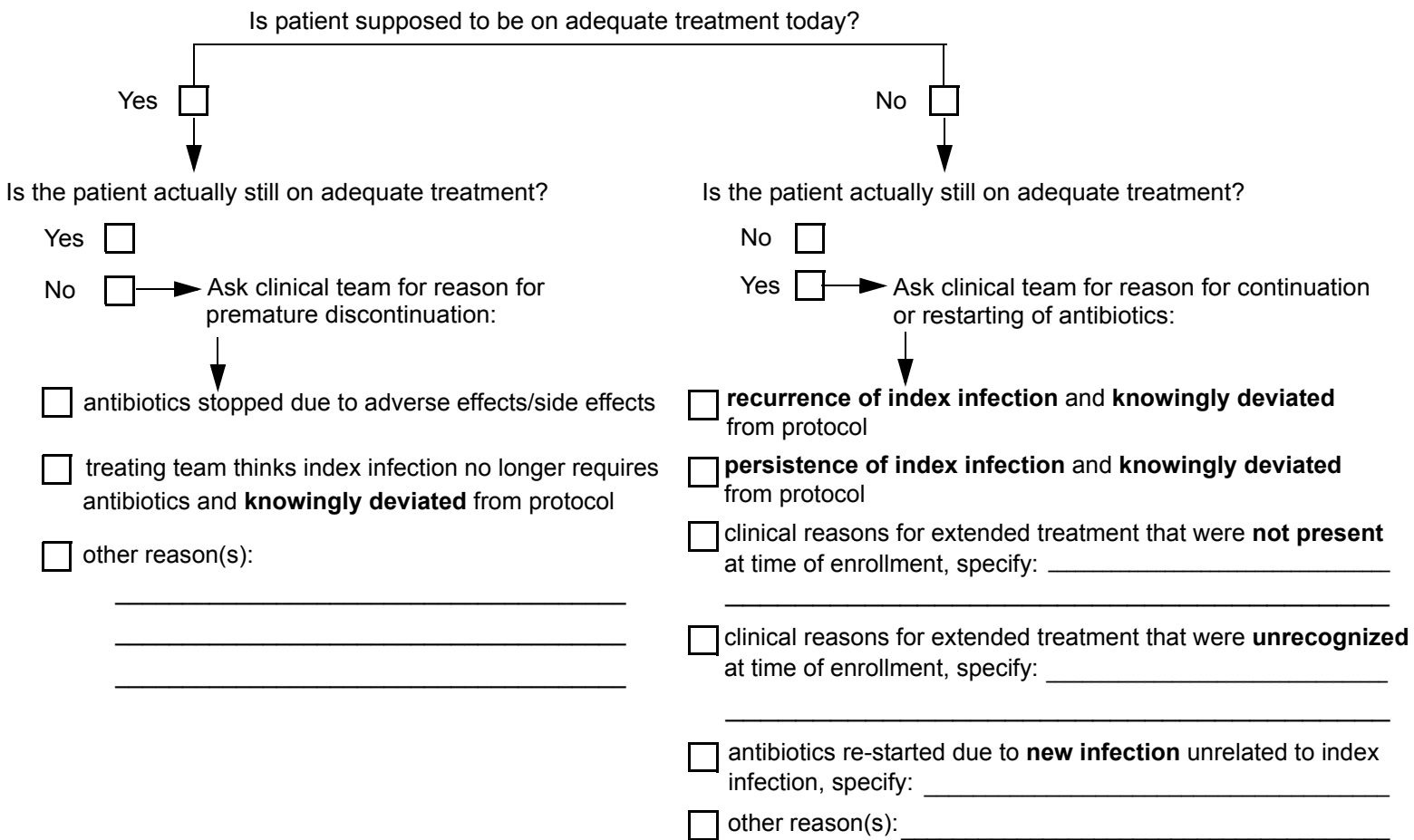
Patient ID [ ][ ] [ ][ ][ ][ ]

**STUDY DRUG RELATED DAILY DATA FORM 13.7**

(This form is to be used to assess patient daily (each AM) for 16 days after Randomization)

Current date: [ ][ ] [ ][ ] [2][0][ ][ ] (dd/mm/yyyy)

- Research Coordinator to Assess Patient Daily for 16 Days after Randomization.
- Research Coordinator with Site Investigator to Ensure Clinical Team Adheres to Study Treatment Duration Protocol.
- If The Clinical Team Stops Antibiotics Earlier Or Continues Them Longer Than Dictated by Protocol Then the Research Coordinator And/or Site Investigator Should Clarify The Reasons With The Clinical Team.
- If Clinical Team Deviates from Study Treatment Duration Protocol, Research Coordinator to Follow Below Algorithm:



Was patient randomized to?

7 D  → **Discontinue** the antibiotic on **Day 7**

14 D  → **Continue** antibiotic until day 14

Will there be collection of any more time points for this patient?

Yes  No



BALANCE RCT #067

Study Drug #208

Visit #000

Patient ID

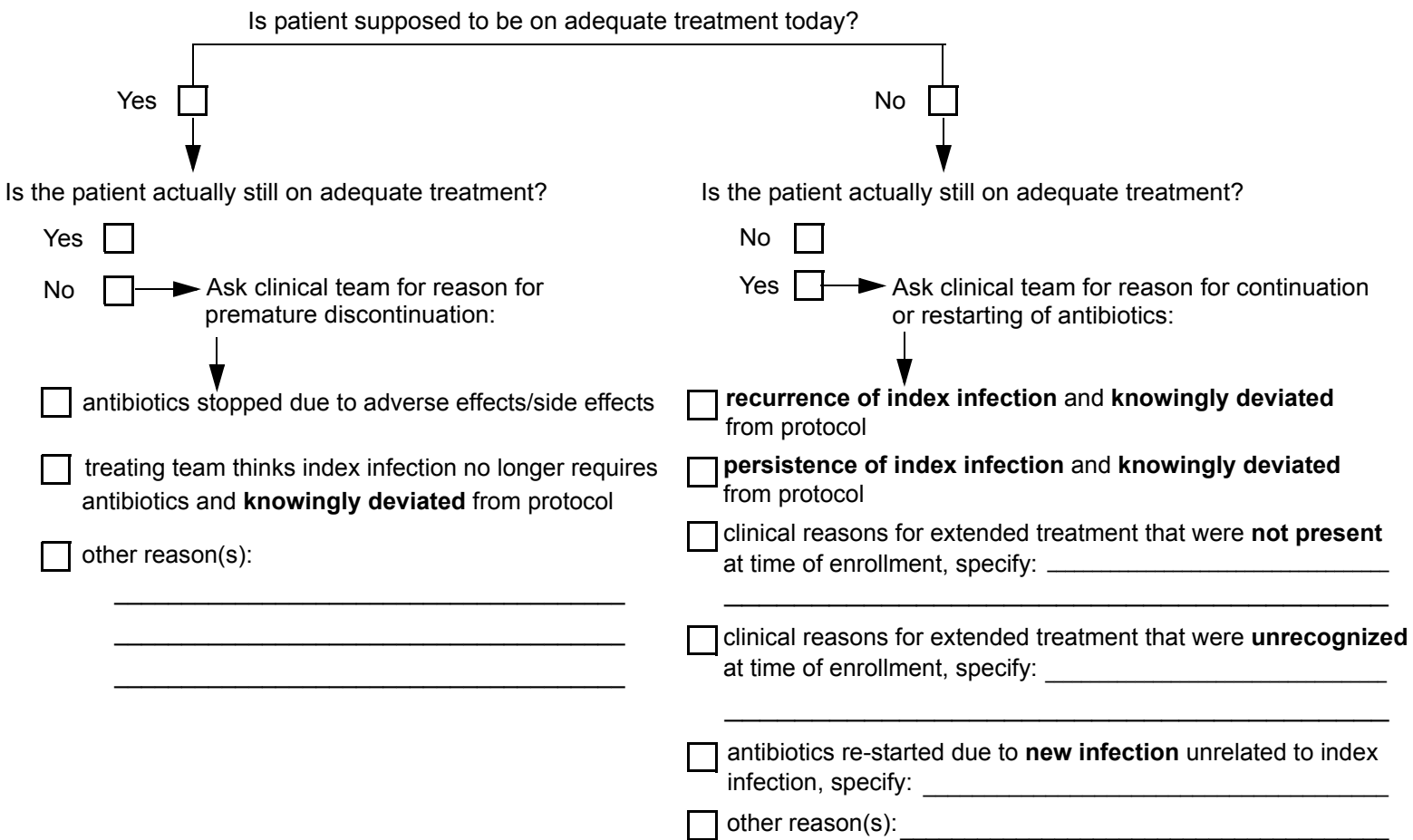
Grid for Patient ID

STUDY DRUG RELATED DAILY DATA FORM 13.8

(This form is to be used to assess patient daily (each AM) for 16 days after Randomization)

Current date: Grid (dd/mm/yyyy)

- Research Coordinator to Assess Patient Daily for 16 Days after Randomization.
- Research Coordinator with Site Investigator to Ensure Clinical Team Adheres to Study Treatment Duration Protocol.
- If The Clinical Team Stops Antibiotics Earlier Or Continues Them Longer Than Dictated by Protocol Then the Research Coordinator And/or Site Investigator Should Clarify The Reasons With The Clinical Team.
- If Clinical Team Deviates from Study Treatment Duration Protocol, Research Coordinator to Follow Below Algorithm:



Was patient randomized to?

7 D [ ] -> Discontinue the antibiotic on Day 7

14 D [ ] -> Continue antibiotic until day 14

Will there be collection of any more time points for this patient?

Yes [ ] No [ ]



BALANCE RCT #067

Study Drug #209

Visit #000

Patient ID

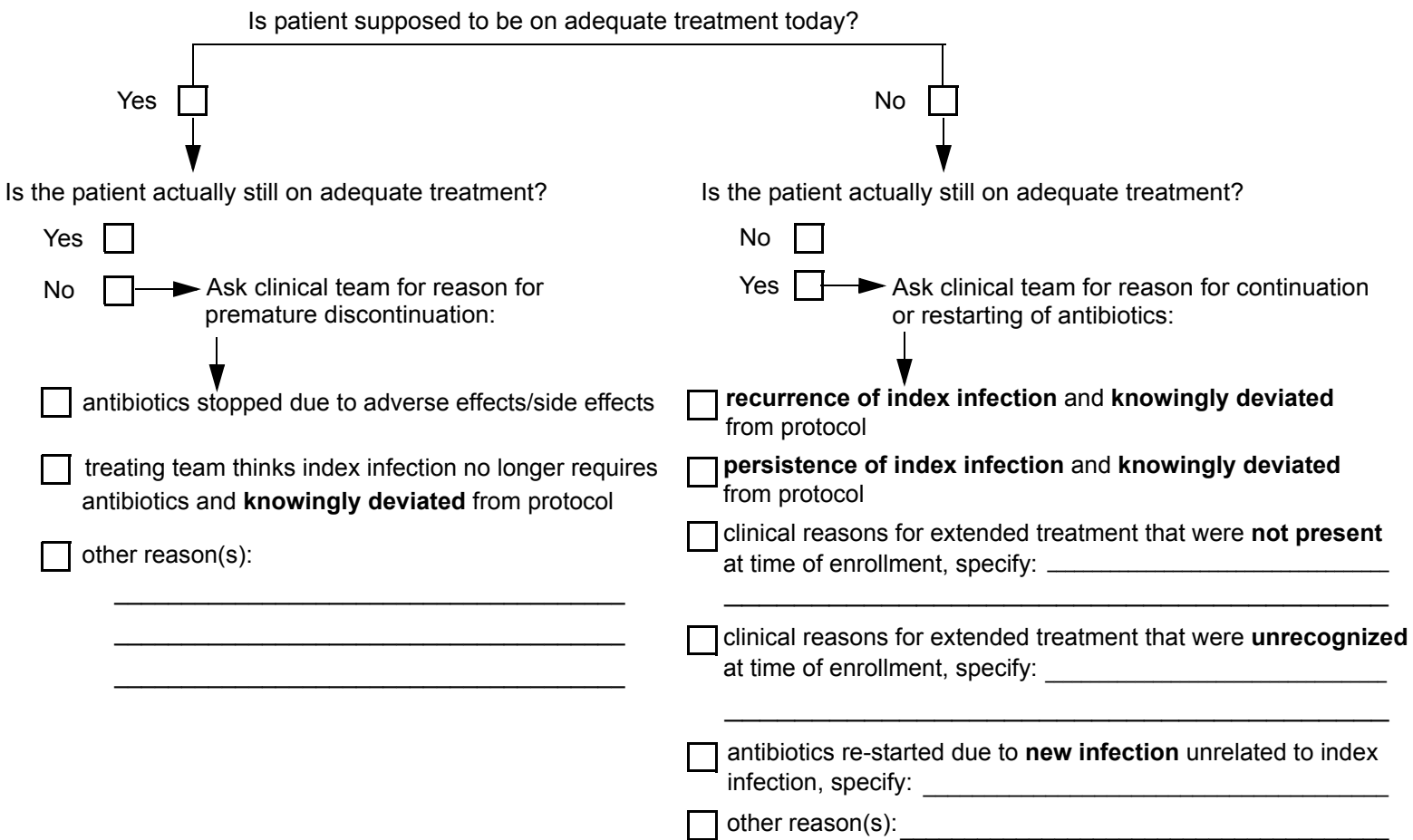
Grid for Patient ID

STUDY DRUG RELATED DAILY DATA FORM 13.9

(This form is to be used to assess patient daily (each AM) for 16 days after Randomization)

Current date: Grid (dd/mm/yyyy)

- Research Coordinator to Assess Patient Daily for 16 Days after Randomization.
- Research Coordinator with Site Investigator to Ensure Clinical Team Adheres to Study Treatment Duration Protocol.
- If The Clinical Team Stops Antibiotics Earlier Or Continues Them Longer Than Dictated by Protocol Then the Research Coordinator And/or Site Investigator Should Clarify The Reasons With The Clinical Team.
- If Clinical Team Deviates from Study Treatment Duration Protocol, Research Coordinator to Follow Below Algorithm:



Was patient randomized to?

7 D [ ] -> Discontinue the antibiotic on Day 7

14 D [ ] -> Continue antibiotic until day 14

Will there be collection of any more time points for this patient?

Yes [ ] No [ ]





BALANCE RCT #067

Study Drug #210

Visit #000

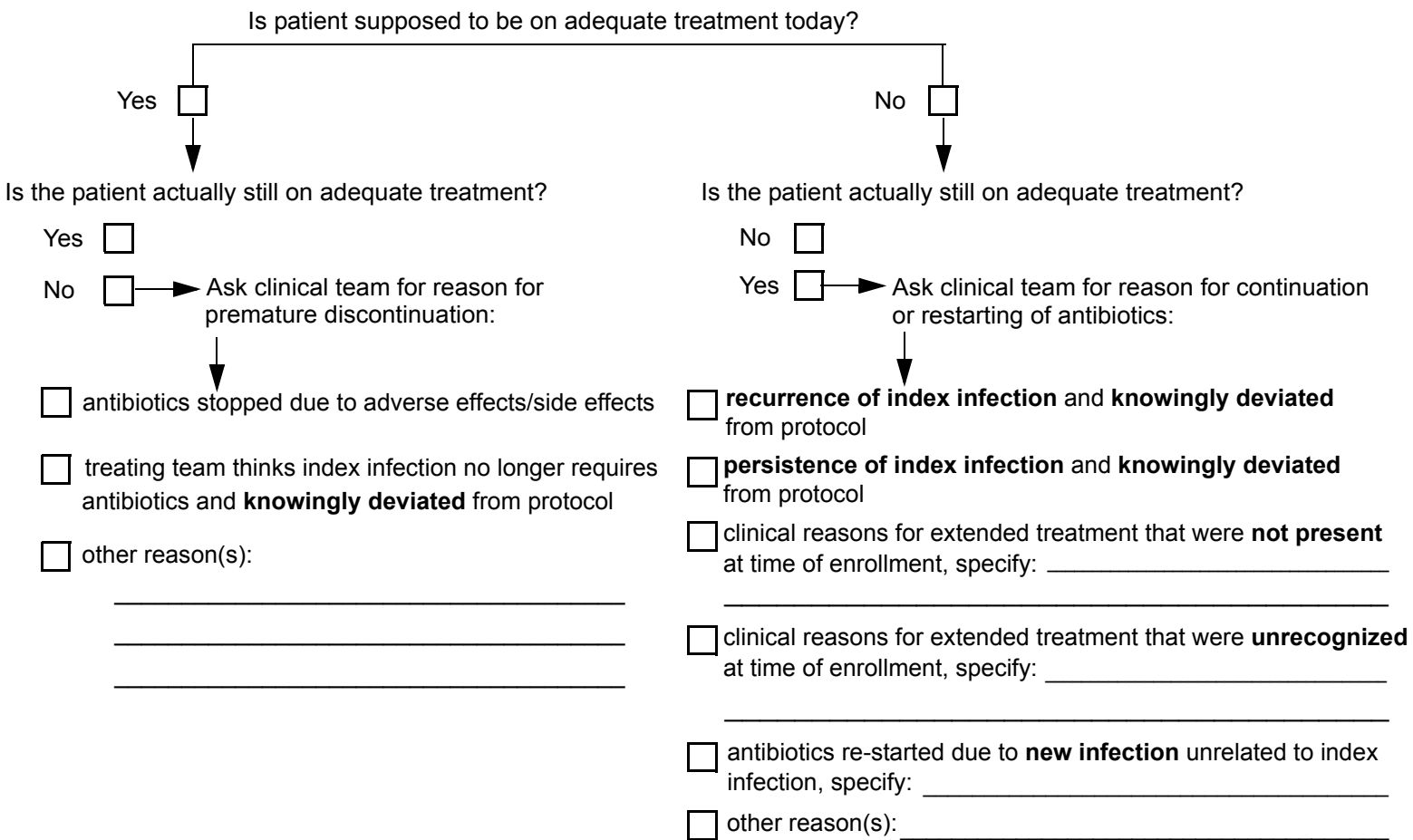
Patient ID [ ][ ] [ ][ ][ ][ ]

**STUDY DRUG RELATED DAILY DATA FORM 13.10**

(This form is to be used to assess patient daily (each AM) for 16 days after Randomization)

Current date: [ ][ ] [ ][ ] [2][0][ ][ ] (dd/mm/yyyy)

- Research Coordinator to Assess Patient Daily for 16 Days after Randomization.
- Research Coordinator with Site Investigator to Ensure Clinical Team Adheres to Study Treatment Duration Protocol.
- If The Clinical Team Stops Antibiotics Earlier Or Continues Them Longer Than Dictated by Protocol Then the Research Coordinator And/or Site Investigator Should Clarify The Reasons With The Clinical Team.
- If Clinical Team Deviates from Study Treatment Duration Protocol, Research Coordinator to Follow Below Algorithm:



Was patient randomized to?

7 D  → **Discontinue** the antibiotic on **Day 7**

14 D  → **Continue** antibiotic until day 14

Will there be collection of any more time points for this patient?

Yes  No



BALANCE RCT #067

Study Drug #211

Visit #000

Patient ID

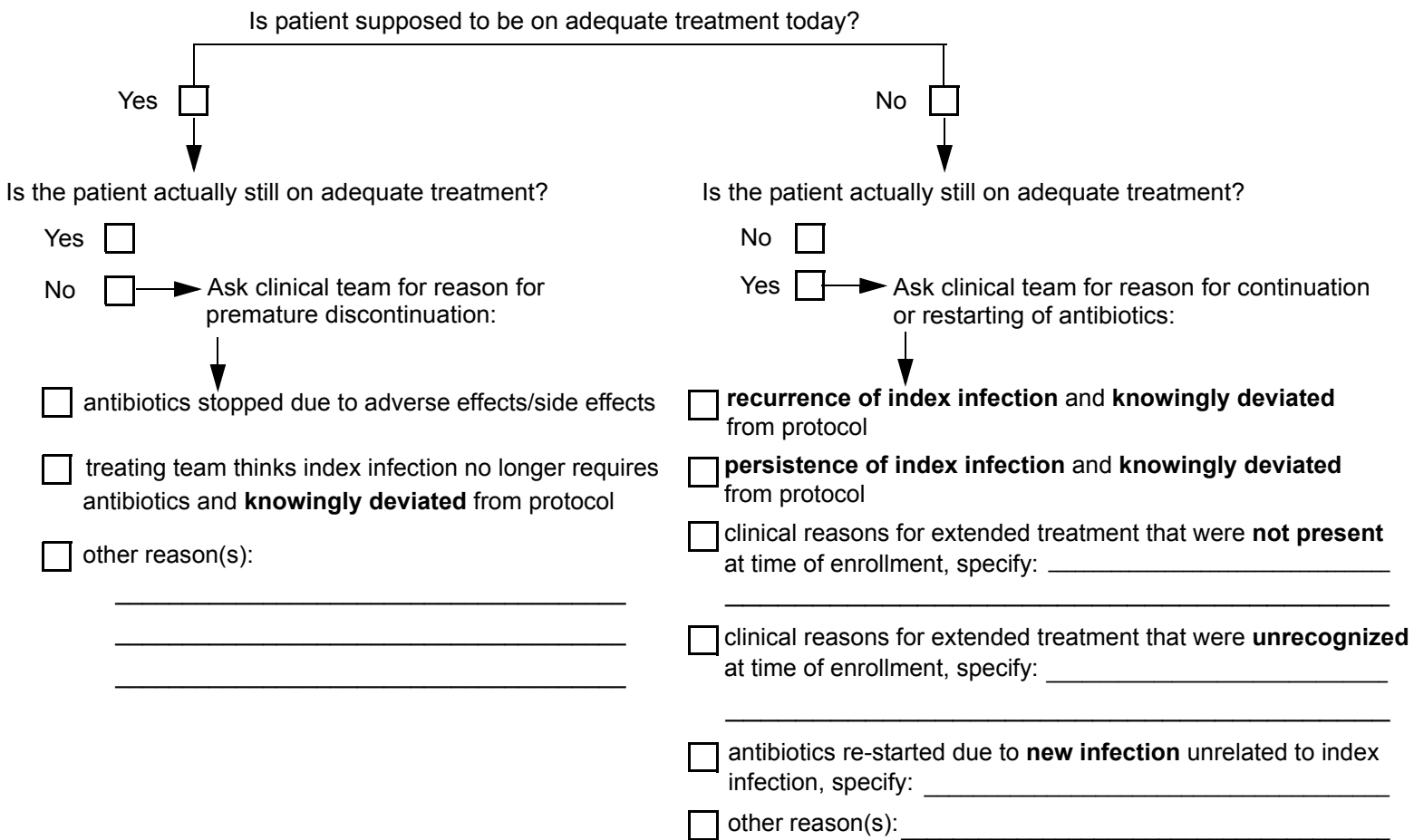
Grid for Patient ID

STUDY DRUG RELATED DAILY DATA FORM 13.11

(This form is to be used to assess patient daily (each AM) for 16 days after Randomization)

Current date: Grid (20) (dd/mm/yyyy)

- Research Coordinator to Assess Patient Daily for 16 Days after Randomization.
- Research Coordinator with Site Investigator to Ensure Clinical Team Adheres to Study Treatment Duration Protocol.
- If The Clinical Team Stops Antibiotics Earlier Or Continues Them Longer Than Dictated by Protocol Then the Research Coordinator And/or Site Investigator Should Clarify The Reasons With The Clinical Team.
- If Clinical Team Deviates from Study Treatment Duration Protocol, Research Coordinator to Follow Below Algorithm:



Was patient randomized to?

7 D [ ] -> Discontinue the antibiotic on Day 7

14 D [ ] -> Continue antibiotic until day 14

Will there be collection of any more time points for this patient?

Yes [ ] No [ ]



BALANCE RCT #067

Study Drug #212

Visit #000

Patient ID

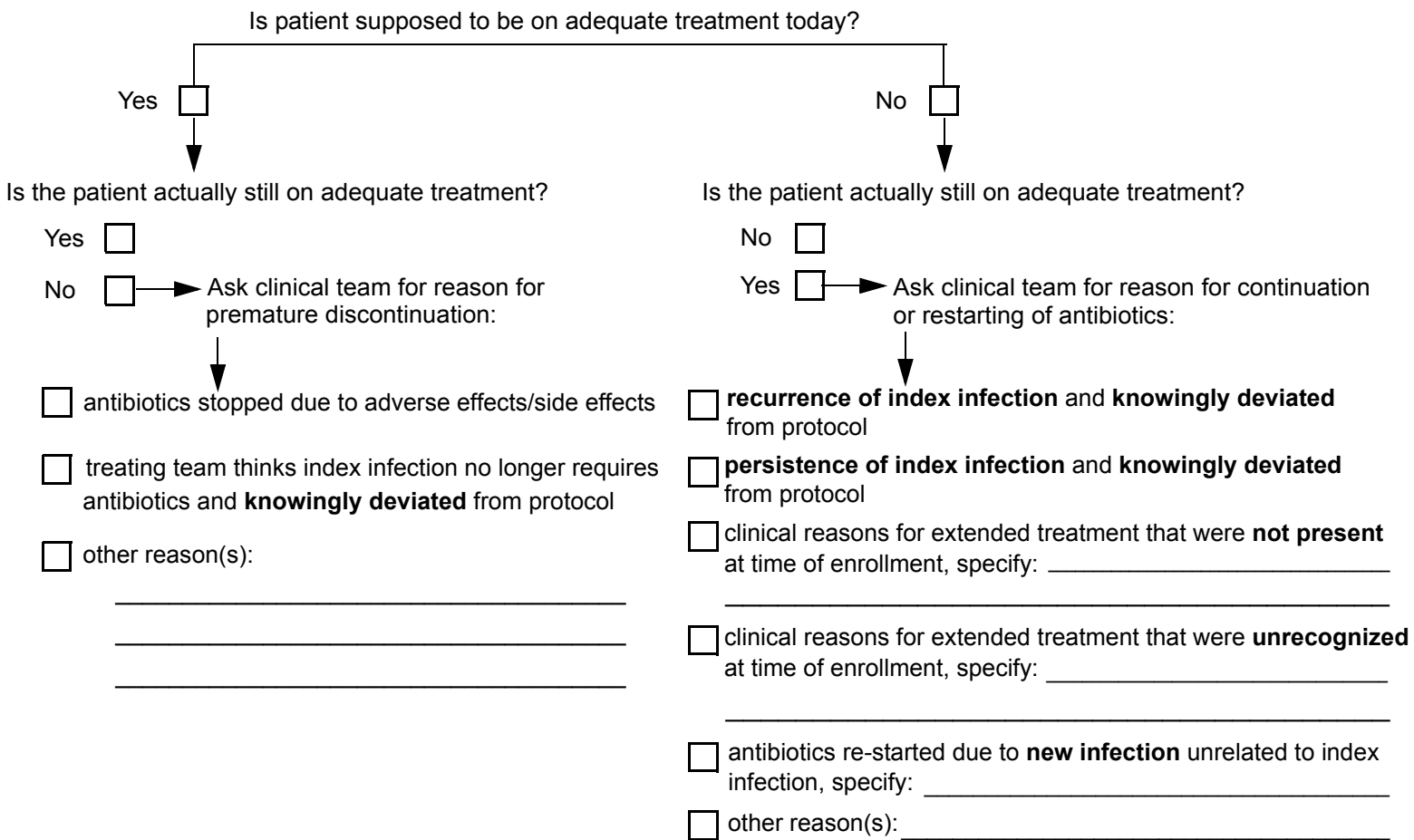
□□ □□□□

**STUDY DRUG RELATED DAILY DATA FORM 13.12**

(This form is to be used to assess patient daily (each AM) for 16 days after Randomization)

Current date: □□ □□ 20 □□ (dd/mm/yyyy)

- Research Coordinator to Assess Patient Daily for 16 Days after Randomization.
- Research Coordinator with Site Investigator to Ensure Clinical Team Adheres to Study Treatment Duration Protocol.
- If The Clinical Team Stops Antibiotics Earlier Or Continues Them Longer Than Dictated by Protocol Then the Research Coordinator And/or Site Investigator Should Clarify The Reasons With The Clinical Team.
- If Clinical Team Deviates from Study Treatment Duration Protocol, Research Coordinator to Follow Below Algorithm:



Was patient randomized to?

7 D  → Discontinue the antibiotic on Day 7

14 D  → Continue antibiotic until day 14

Will there be collection of any more time points for this patient?

Yes  No



BALANCE RCT #067

Study Drug #213

Visit #000

Patient ID

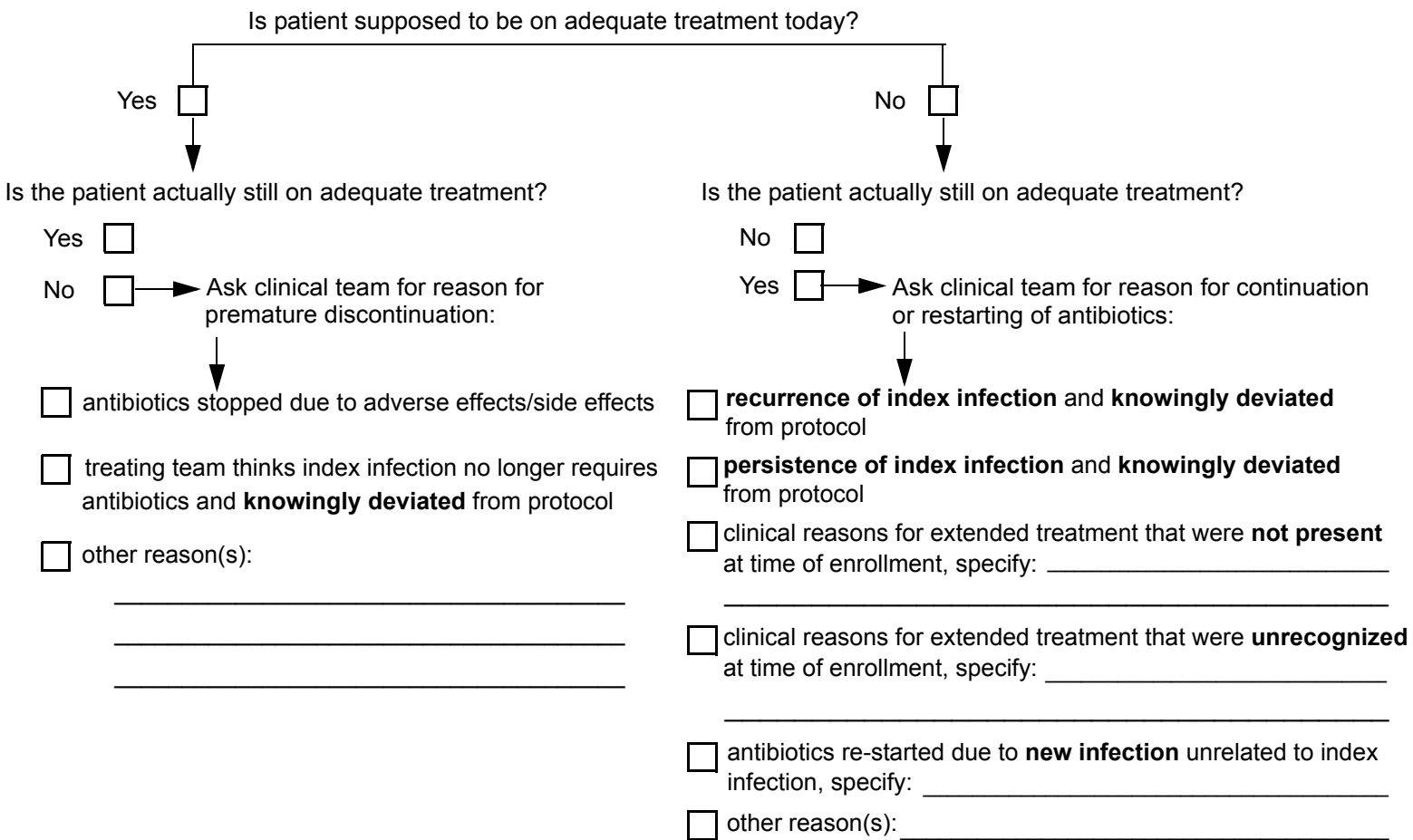
Grid for Patient ID

STUDY DRUG RELATED DAILY DATA FORM 13.13

(This form is to be used to assess patient daily (each AM) for 16 days after Randomization)

Current date: Grid (20) (dd/mm/yyyy)

- Research Coordinator to Assess Patient Daily for 16 Days after Randomization.
- Research Coordinator with Site Investigator to Ensure Clinical Team Adheres to Study Treatment Duration Protocol.
- If The Clinical Team Stops Antibiotics Earlier Or Continues Them Longer Than Dictated by Protocol Then the Research Coordinator And/or Site Investigator Should Clarify The Reasons With The Clinical Team.
- If Clinical Team Deviates from Study Treatment Duration Protocol, Research Coordinator to Follow Below Algorithm:



Was patient randomized to?

7 D [ ] -> Discontinue the antibiotic on Day 7

14 D [ ] -> Continue antibiotic until day 14

Will there be collection of any more time points for this patient?

Yes [ ] No [ ]



BALANCE RCT #067

Study Drug #214

Visit #000

Patient ID

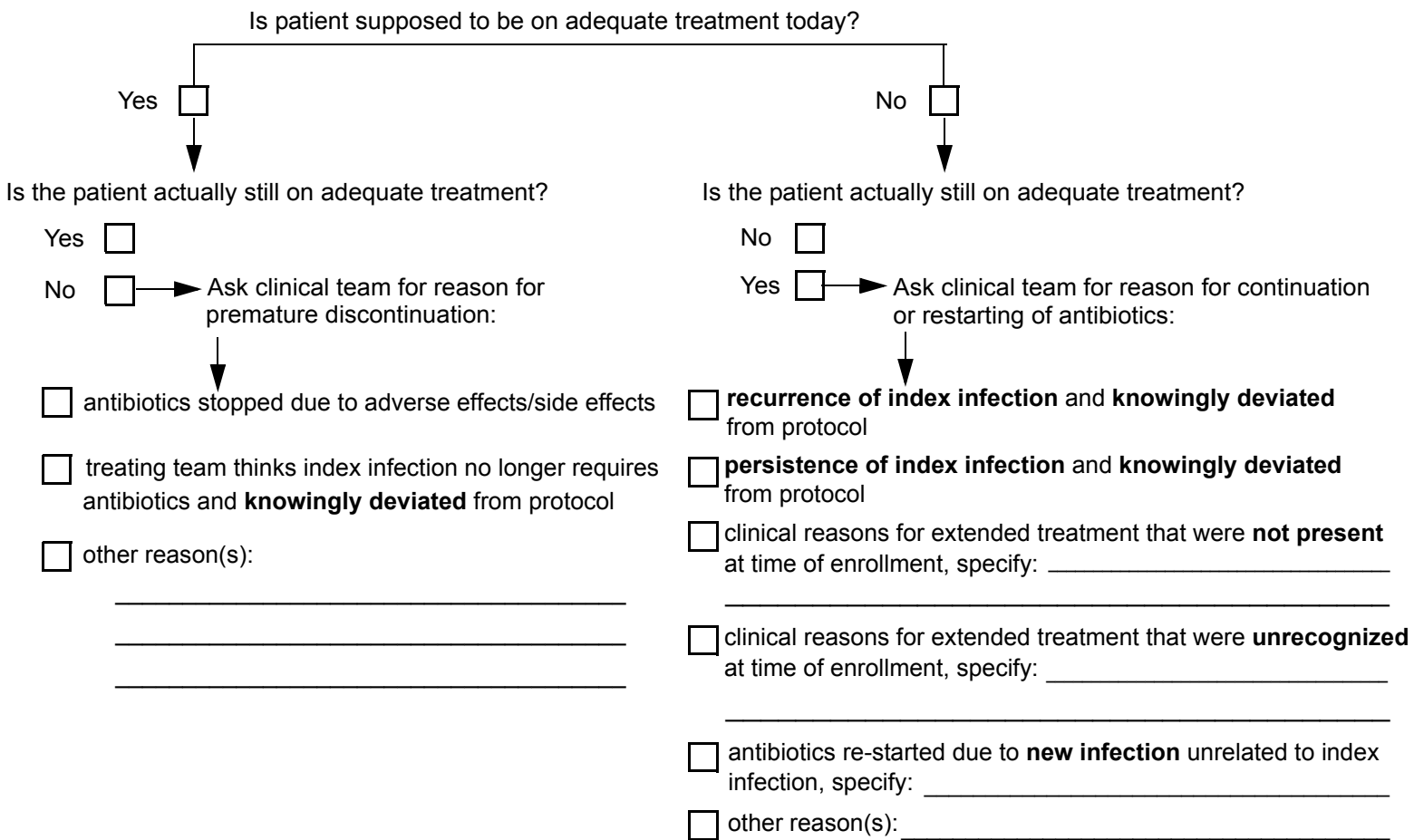
Grid for Patient ID

STUDY DRUG RELATED DAILY DATA FORM 13.14

(This form is to be used to assess patient daily (each AM) for 16 days after Randomization)

Current date: Grid (dd/mm/yyyy)

- Research Coordinator to Assess Patient Daily for 16 Days after Randomization.
- Research Coordinator with Site Investigator to Ensure Clinical Team Adheres to Study Treatment Duration Protocol.
- If The Clinical Team Stops Antibiotics Earlier Or Continues Them Longer Than Dictated by Protocol Then the Research Coordinator And/or Site Investigator Should Clarify The Reasons With The Clinical Team.
- If Clinical Team Deviates from Study Treatment Duration Protocol, Research Coordinator to Follow Below Algorithm:



Was patient randomized to?

7 D [ ] -> Discontinue the antibiotic on Day 7

14 D [ ] -> Continue antibiotic until day 14

Will there be collection of any more time points for this patient?

Yes [ ] No [ ]



BALANCE RCT #067

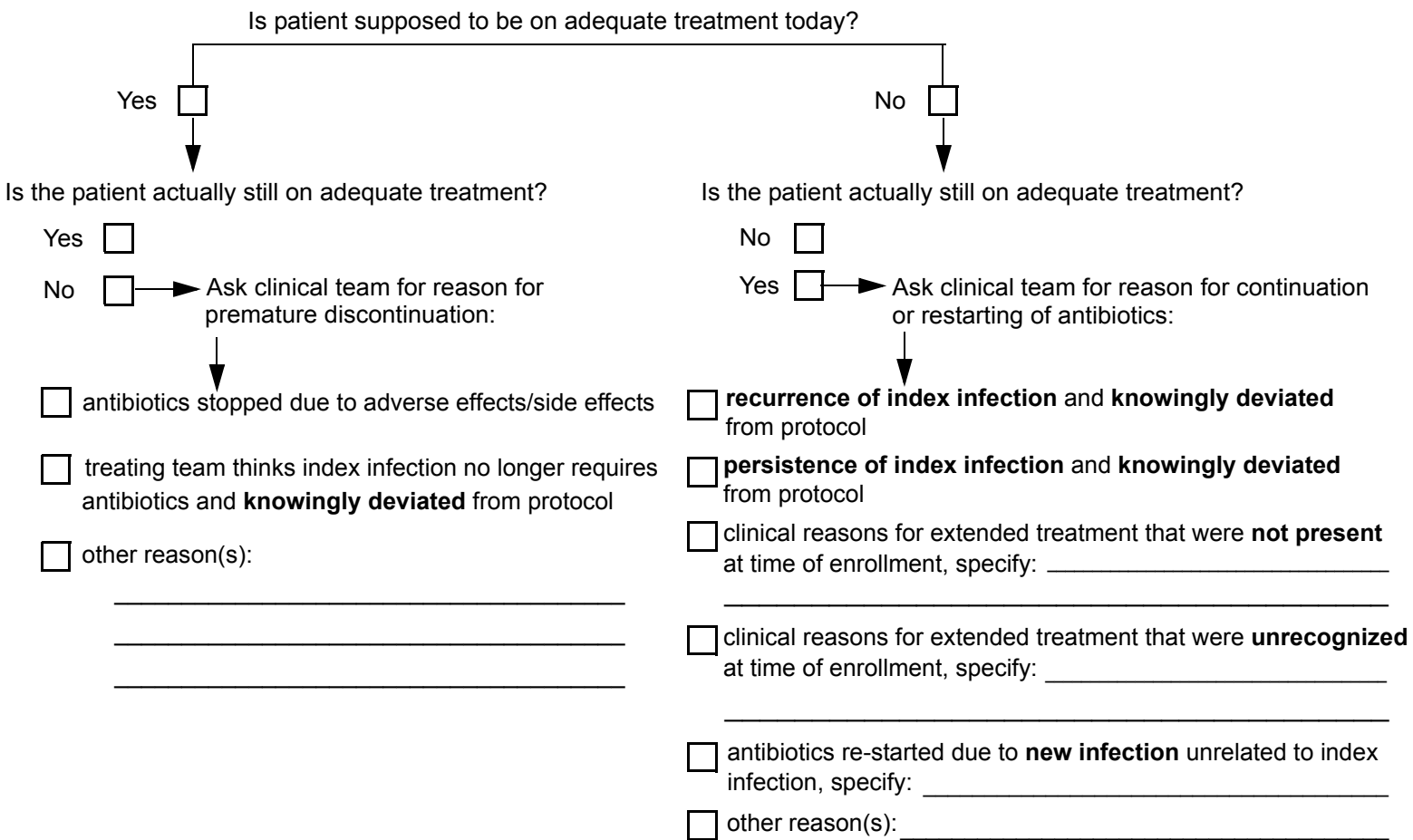
Patient ID

**STUDY DRUG RELATED DAILY DATA FORM 13.15**

(This form is to be used to assess patient daily (each AM) for 16 days after Randomization)

Current date:  20  (dd/mm/yyyy)

- Research Coordinator to Assess Patient Daily for 16 Days after Randomization.
- Research Coordinator with Site Investigator to Ensure Clinical Team Adheres to Study Treatment Duration Protocol.
- If The Clinical Team Stops Antibiotics Earlier Or Continues Them Longer Than Dictated by Protocol Then the Research Coordinator And/or Site Investigator Should Clarify The Reasons With The Clinical Team.
- If Clinical Team Deviates from Study Treatment Duration Protocol, Research Coordinator to Follow Below Algorithm:



Was patient randomized to?

7 D  → **Discontinue** the antibiotic on **Day 7**

14 D  → **Continue** antibiotic until day 14

Will there be collection of any more time points for this patient?

Yes  No



BALANCE RCT #067

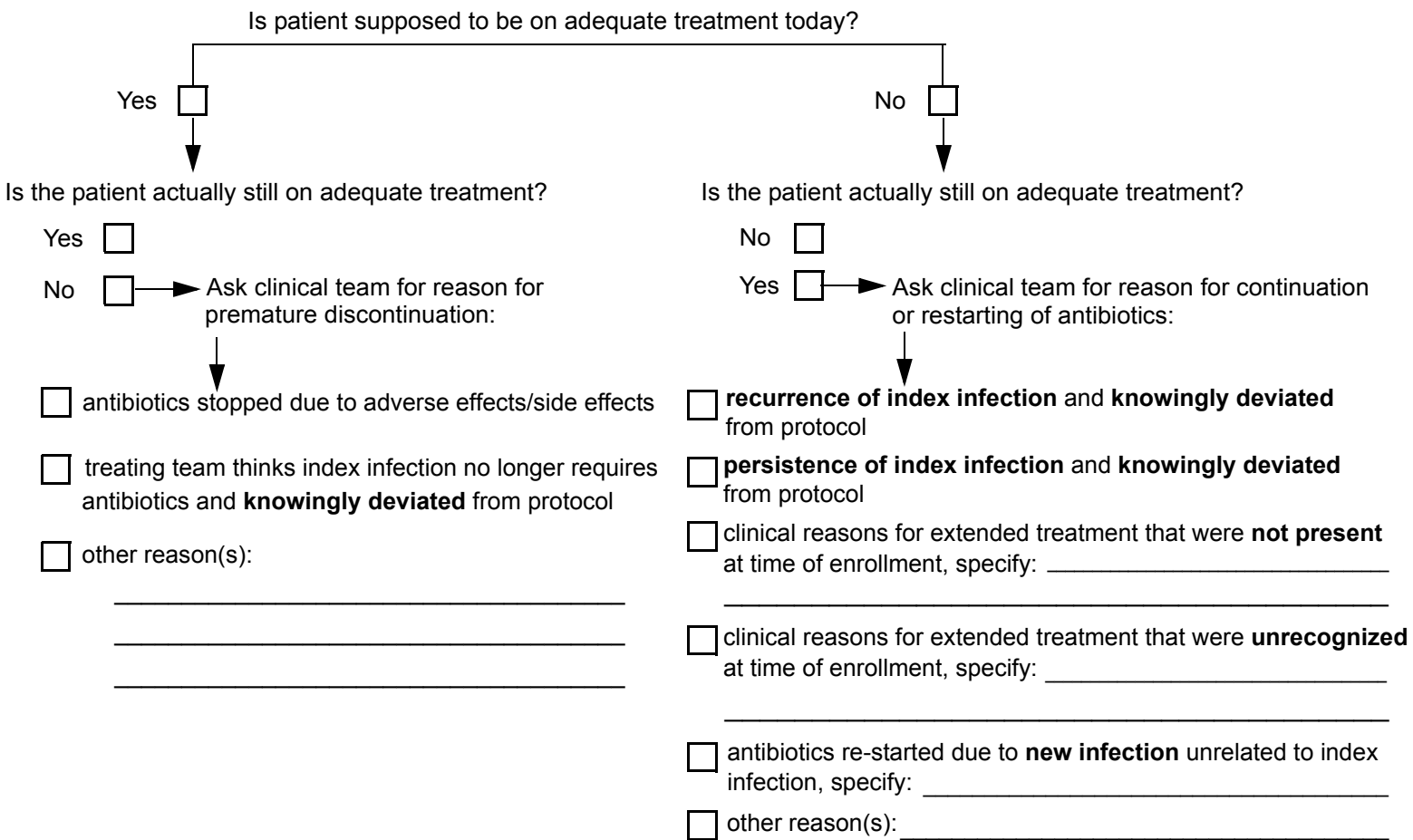
Patient ID

**STUDY DRUG RELATED DAILY DATA FORM 13.16**

(This form is to be used to assess patient daily (each AM) for 16 days after Randomization)

Current date:  2 0  (dd/mm/yyyy)

- Research Coordinator to Assess Patient Daily for 16 Days after Randomization.
- Research Coordinator with Site Investigator to Ensure Clinical Team Adheres to Study Treatment Duration Protocol.
- If The Clinical Team Stops Antibiotics Earlier Or Continues Them Longer Than Dictated by Protocol Then the Research Coordinator And/or Site Investigator Should Clarify The Reasons With The Clinical Team.
- If Clinical Team Deviates from Study Treatment Duration Protocol, Research Coordinator to Follow Below Algorithm:



Was patient randomized to?

7 D  → **Discontinue** the antibiotic on **Day 7**

14 D  → **Continue** antibiotic until day 14