ELIGIBILITY CRITERIA FORM 1.1 (page 1 of 2)

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

Inclusion Criteria

	YES	NO
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).	☐	☐

Exclusion Criteria

1. Patient already enrolled in the trial	☐	☐
2. Patient has severe immune system compromise, as defined by: absolute neutrophil count <0.5x109/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 ☐ osteomyelitis/septic arthritis		
☐ undrainable/undrained abscess ☐ unremovable/unremoved prospthetic 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* ☐ *Bacillus spp.*		
☐ *Corynebacterium spp. ("diptheroids")* ☐ *Propionobacterium spp.*		
☐ *Aerococcus 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.	☐	☐

PROCEED TO NEXT PAGE

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	☐	☐
2. Patient unable to give consent and SDM not available	☐	☐
3. ICU physician declined consent, reason: _____	☐	☐
4. Consent not obtained due to other reason, please specify: _____	☐	☐

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
3. **ICU admit date** dd/mm/yyyy
4. **ICU admit time** 24hh:mm

5. **Sex:** ☐ female ☐ male
6. **Height** ☐ cm ☐ inches
7. **Actual weight** (ICU admission) ☐ kg ☐ lbs

8. **Baseline APACHE II Score:** ☐☐ (First 24 hours in ICU & for randomized pts only)
   ☐ 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
    ☐ Hospital ward
    ☐ Operating room
    ☐ Step down / intermediate care unit
    ☐ ICU (other hospital), adm date: dd/mmyyyy
    ☐ Other hospital's ER or ward adm date:
    ☐ Other (specify): _____

11. **Diagnosis that Patient Was Admitted to ICU** (check ALL that apply):
    ☐ Bloodstream infection
    ☐ Pneumonia
    ☐ Urinary infection
    ☐ Abdominal infection
    ☐ Soft tissue infection
    ☐ Septic shock
    ☐ Renal failure
    ☐ Congestive heart failure
    ☐ Myocardial infarction/angina
    ☐ Arrhythmia
    ☐ Peripheral vascular disease
    ☐ Cerebrovascular disease
    ☐ Gastrointestinal bleeding
    ☐ Fluid/electrolyte disoder
    ☐ Severe pancreatitis
    ☐ Hepatic disease
    ☐ Rhabdomyolysis
    ☐ Burns
    ☐ Surgery: Specify _____
    ☐ Other: Specify _____
    ☐ COPD
    ☐ Asthma
    ☐ Trauma

12. **Comorbidities (History of in past or present):** ☐ **UNKNOWN OR check ALL that apply:**
    ☐ Angina/myocardial infarction
    ☐ Congestive heart failure
    ☐ Congestive heart failure NYHA IV
    ☐ Arrhythmia
    ☐ Valvular heart disease
    ☐ Congenital heart disease
    ☐ Peripheral vascular disease
    ☐ Cerebrovascular disease
    ☐ Diabetes with end-organ damage
    ☐ Diabetes without organ damage
    ☐ Renal insufficiency (Cr>1.5x norm)
    ☐ Dialysis dependency
    ☐ COPD
    ☐ Asthma
    ☐ Other Severe lung disease
    Specify: _____
    ☐ Alcohol abuse
    ☐ IV drug abuse
    ☐ Obesity (BMI >30kg/m)
    ☐ Liver disease (no portal HTN)
    ☐ Liver disease (cirrhosis/portal HTN)
    ☐ Dementia
    ☐ Other neurologic disorder
    Specify: _____
    ☐ Gastrointestinal disease
    ☐ Solid cancer, non-metastatic
    ☐ Solid cancer, metastatic
    ☐ Leukemia/Lymphoma
    ☐ HIV/AIDS
    ☐ Solid organ transplantation
    ☐ Neutropenia
    ☐ Corticosteroid use >15mg/d
    ☐ Chemotherapy
    ☐ Other immunosuppression
    Specify: _____
    ☐ **NONE OF THE ABOVE**

DEMOGRAPHICS AND COMORBIDITIES FORM 2.2 (page 2 of 3)

12. Date & time first positive blood culture (**index blood culture**) 'collected' for which patient enrolled in study — dd/mmyyyy: 2 0 ; 24hh : mm

13. Date & time first positive blood culture (**index blood culture**) 'finalized' for which patient enrolled in study — dd/mmyyyy: 2 0 ; 24hh : mm

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 cutlure 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)

☐☐☐ organism 1 code

☐☐☐ organism 2 code

☐☐☐ organism 3 code

☐☐☐ organism 4 code

☐☐☐ organism 5 code

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)

	not a possible source	unlikely source	possible source	probable source	most likely source
1. vascular catheter	☐	☐	☐	☐	☐
2. pneumonia/ lung/ respiratory	☐	☐	☐	☐	☐
3. urinary tract infection/pyelonephritis	☐	☐	☐	☐	☐
4. intra-abdominal/ hepato-biliary	☐	☐	☐	☐	☐
5. skin and/or soft tissue	☐	☐	☐	☐	☐
6. undefined/unknown (primary bacteremia)	☐	☐	☐	☐	☐
7. other infection; specify:	☐	☐	☐	☐	☐

_____

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*

Pre-Hospitalization Admission Clinical Frailty Scale Form 2.4

Considering the patient's pre-hospital admission status, please select the highest score from the descriptions below from 1 to 9. If the patient has characteristics from higher descriptors, then please report the highest score.

1. **VERY FIT**: People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2. **WELL**: People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**,e.g. seasonally

3. **MANAGING WELL**: People whose **medical problems are well controlled,** but are **not regularly active** beyond routine walking.

4. **VULNERABLE**: While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up",and/or being tired during the day.

5. **MILDLY FRAIL**: These people often have **more evident slowing**, and need help in **high order IADLS** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6. **MODERATELY FRAIL**: People who need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7. **SEVERELY FRAIL**: **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8. **VERY SEVERELY FRAIL**: Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness

9. **TERMINALLY ILL**: Approaching the end of life. This category applies to people with **a life expectancy <6 months**, who are **not otherwise evidently frail.**

SCORE: ☐

Scoring frailty in people with dementia: The degree of frailty corresponds to the degree of dementia.

Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

Patient ID

OUTCOME FORM 3.1

1. Did the patient receive mechanical ventilation? ☐ Yes ☐ No

	Start Date	End Date
1.	20	20
2.	20	20
3.	20	20
4.	20	20

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) 20

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

	Re-admission Date	Discharge Date
1st episode	20	20
2nd episode	20	20
3rd episode	20	20

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

6. Date of death or live hospital discharge (dd/mm/yyyy) 20

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) 20

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, spedify:
☐ Not known, reason: _____ _____

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

_____

_____

_____

Patient ID ☐☐ ☐☐☐☐

CODES:
S = Susceptible
I = Intermediate
R = Resistant

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

ORGANISM # 1 Organism code: ☐☐☐

ANTIMICROBIAL (check ALL that apply)

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

☐ **Please check if additional forms required for another organism**

Patient ID ☐☐ ☐☐☐☐

CODES:
S = Susceptible
I = Intermediate
R = Resistant

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

ORGANISM # 2 Organism code: ☐☐☐

ANTIMICROBIAL (check ALL that apply)

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

☐ **Please check if additional forms required for another organism**

Patient ID

CODES:
S = Susceptible
I = Intermediate
R = Resistant

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

ORGANISM # 3 Organism code:

ANTIMICROBIAL (check ALL that apply)

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

☐ **Please check if additional forms required for another organism**

Patient ID

CODES:
S = Susceptible
I = Intermediate
R = Resistant

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

ORGANISM # 4 Organism code:

ANTIMICROBIAL (check ALL that apply)

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

☐ **Please check if additional forms required for another organism**

CODES:
S = Susceptible
I = Intermediate
R = Resistant

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

ORGANISM # 5 Organism code:

ANTIMICROBIAL (check ALL that apply)

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

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.	→	20 / : /		20 /	
	Route _____ (other, specify)	Frequency _____ (other, specify)	Continued after discharge ☐ Yes ☐ No		
2.	→	20 / : /		20 /	
	Route _____ (other, specify)	Frequency _____ (other, specify)	Continued after discharge ☐ Yes ☐ No		
3.	→	20 / : /		20 /	
	Route _____ (other, specify)	Frequency _____ (other, specify)	Continued after discharge ☐ Yes ☐ No		
4.	→	20 / : /		20 /	
	Route _____ (other, specify)	Frequency _____ (other, specify)	Continued after discharge ☐ Yes ☐ No		
5.	→	20 / : /		20 /	
	Route _____ (other, specify)	Frequency _____ (other, specify)	Continued after discharge ☐ Yes ☐ No		
6.	→	20 / : /		20 /	
	Route _____ (other, specify)	Frequency _____ (other, specify)	Continued after discharge ☐ Yes ☐ No		
7.	→	20 / : /		20 /	
	Route _____ (other, specify)	Frequency _____ (other, specify)	Continued after discharge ☐ Yes ☐ No		
8.	→	20 / : /		20 /	
	Route _____ (other, specify)	Frequency _____ (other, specify)	Continued after discharge ☐ Yes ☐ 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.	→	20 / : /		20 /	
10.	→	20 / : /		20 /	
11.	→	20 / : /		20 /	
12.	→	20 / : /		20 /	
13.	→	20 / : /		20 /	
14.	→	20 / : /		20 /	
15.	→	20 / : /		20 /	
16.	→	20 / : /		20 /	

Route ☐☐ _____ (other, specify) Frequency ☐☐ _____ (other, specify) Continued after discharge ☐ Yes ☐ No

☐ Please check if additional forms required for reporting

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.	→	20 / : /		20 /	
18.	→	20 / : /		20 /	
19.	→	20 / : /		20 /	
20.	→	20 / : /		20 /	
21.	→	20 / : /		20 /	
22.	→	20 / : /		20 /	
23.	→	20 / : /		20 /	
24.	→	20 / : /		20 /	

Route ____ _____ (other, specify) Frequency ____ _____ (other, specify) Continued after discharge ☐ Yes ☐ No

☐ Please check if additional forms required for reporting

Patient ID

ANTIMICROBIAL TREATMENT FORM 5.4

(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)
25.	→	20 / /	: /	20 / /	
26.	→	20 / /	: /	20 / /	
27.	→	20 / /	: /	20 / /	
28.	→	20 / /	: /	20 / /	
29.	→	20 / /	: /	20 / /	
30.	→	20 / /	: /	20 / /	
31.	→	20 / /	: /	20 / /	
32.	→	20 / /	: /	20 / /	

Route _____ (other, specify) Frequency _____ (other, specify) Continued after discharge ☐ Yes ☐ No

☐ Please check if additional forms required for reporting

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**
☐ central vascular catheter removal	20
☐ central vascular catheter exchange over guidewire	20
☐ peripheral vascular catheter removal/exchange	20
☐ peripheral arterial catheter removal/exchange	20
☐ relief of ureteric obstruction or bladder obstruction	20
☐ change or removal of Foley catheter	20
☐ change or removal of nephrostomy tube	20
☐ relief of biliary duct obstruction via ERCP	20
☐ relief of biliary duct obstruction via surgery	20
☐ abscess drainage at bedside	20
☐ abscess drainage in operating room	20
☐ abscess drainage in radiology department	20
☐ wound debridement at bedside	20
☐ wound debridement in operating room	20
☐ thoracentesis without leaving drain *in situ*	20
☐ thoracostomy (chest tube) insertion	20
☐ paracentesis	20
☐ other; specify: _____	20
☐ other; specify: _____	20
☐ other; specify: _____	20
☐ other; specify: _____	20

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	Positive? NO	Organism Code(s)
Index Culture: 1.	20	:	☐	☐	
2.	20	:	☐	☐	
3.	20	:	☐	☐	
4.	20	:	☐	☐	
5.	20	:	☐	☐	
6.	20	:	☐	☐	
7.	20	:	☐	☐	
8.	20	:	☐	☐	
9.	20	:	☐	☐	
10.	20	:	☐	☐	
11.	20	:	☐	☐	
12.	20	:	☐	☐	
13.	20	:	☐	☐	
14.	20	:	☐	☐	
15.	20	:	☐	☐	
16.	20	:	☐	☐	
17.	20	:	☐	☐	

☐ **Please check if additional forms required for reporting**

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? YES	Positive? NO	Organism Code(s)
18.	20	:	☐	☐	
19.	20	:	☐	☐	
20.	20	:	☐	☐	
21.	20	:	☐	☐	
22.	20	:	☐	☐	
23.	20	:	☐	☐	
24.	20	:	☐	☐	
25.	20	:	☐	☐	
26.	20	:	☐	☐	
27.	20	:	☐	☐	
28.	20	:	☐	☐	
29.	20	:	☐	☐	
30.	20	:	☐	☐	
31.	20	:	☐	☐	
32.	20	:	☐	☐	
33.	20	:	☐	☐	
34.	20	:	☐	☐	

☐ **Please check if additional forms required for reporting**

Patient ID ☐☐ ☐☐☐☐

CODES:
S = Susceptible
I = Intermediate
R = Resistant

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

ORGANISM # 1 Organism code: ☐☐☐

ANTIMICROBIAL (check ALL that apply)

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

☐ **Please check if additional forms required for another organism**

Patient ID

CODES:
S = Susceptible
I = Intermediate
R = Resistant

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

ORGANISM # 2 **Organism code:**

ANTIMICROBIAL (check ALL that apply)

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

☐ **Please check if additional forms required for another organism**

Patient ID ☐☐ ☐☐☐☐

CODES:
S = Susceptible
I = Intermediate
R = Resistant

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

ORGANISM # 3 Organism code: ☐☐☐

ANTIMICROBIAL (check ALL that apply)

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

☐ **Please check if additional forms required for another organism**

Patient ID

CODES:
S = Susceptible
I = Intermediate
R = Resistant

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

ORGANISM # 4 Organism code:

ANTIMICROBIAL (check ALL that apply)

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

☐ **Please check if additional forms required for another organism**

Patient ID

CODES:
S = Susceptible
I = Intermediate
R = Resistant

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

ORGANISM # 5 Organism code:

ANTIMICROBIAL (check ALL that apply)

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

☐ **Please check if additional forms required for another organism**

Patient ID ☐☐ ☐☐☐☐

CODES:
S = Susceptible
I = Intermediate
R = Resistant

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

ORGANISM # 6 Organism code: ☐☐☐

ANTIMICROBIAL (check ALL that apply)

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

☐ **Please check if additional forms required for another organism**

Patient ID ☐☐ ☐☐☐☐

CODES:
S = Susceptible
I = Intermediate
R = Resistant

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

ORGANISM # 7 Organism code: ☐☐☐

ANTIMICROBIAL (check ALL that apply)

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

☐ **Please check if additional forms required for another organism**

Patient ID

CODES:
S = Susceptible
I = Intermediate
R = Resistant

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

ORGANISM # 8 **Organism code:**

ANTIMICROBIAL (check ALL that apply)

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

☐ **Please check if additional forms required for another organism**

Patient ID ☐☐ ☐☐☐☐

CODES:
S = Susceptible
I = Intermediate
R = Resistant

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

ORGANISM # 9 **Organism code:** ☐☐☐

ANTIMICROBIAL (check ALL that apply)

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

☐ **Please check if additional forms required for another organism**

Patient ID ☐☐ ☐☐☐☐

CODES:
S = Susceptible
I = Intermediate
R = Resistant

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

ORGANISM # 10 Organism code: ☐☐☐

ANTIMICROBIAL (check ALL that apply)

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

☐ **Please check if additional forms required for another organism**

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 ☐☐ ☐☐ 20☐☐ **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 ☐ Pleural
☐ Other (specify)_____

Organism Code(s) ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐

2. Date of collection ☐☐ ☐☐ 20☐☐ **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 ☐ Pleural
☐ Other (specify)_____

Organism Code(s) ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐

3. Date of collection ☐☐ ☐☐ 20☐☐ **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 ☐ Pleural
☐ Other (specify)_____

Organism Code(s) ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐

4. Date of collection ☐☐ ☐☐ 20☐☐ **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 ☐ Pleural
☐ Other (specify)_____

Organism Code(s) ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐

5. Date of collection ☐☐ ☐☐ 20☐☐ **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 ☐ Pleural
☐ Other (specify)_____

Organism Code(s) ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐

Patient ID

ANY OTHER POSITIVE CULTURE RESULTS FORM 8.2
(From index culture collection date to 30 days later)

6. 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 ☐ Pleural
☐ Other (specify)_____

Organism Code(s) | | | | | | | | | | | | | | | |

7. 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 ☐ Pleural
☐ Other (specify)_____

Organism Code(s) | | | | | | | | | | | | | | | |

8. 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 ☐ Pleural
☐ Other (specify)_____

Organism Code(s) | | | | | | | | | | | | | | | |

9. 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 ☐ Pleural
☐ Other (specify)_____

Organism Code(s) | | | | | | | | | | | | | | | |

10. 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 ☐ Pleural
☐ Other (specify)_____

Organism Code(s) | | | | | | | | | | | | | | | |

 ☐ **Please check if additional forms required for another organism**

Patient ID

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

CODES:
S = Susceptible
I = Intermediate
R = Resistant

ORGANISM # 1

Organism code:

ANTIMICROBIAL (check ALL that apply)

	CODE		CODE
☐ ampicillin / amoxicillin		☐ meropenem	
☐ amoxicillin-clavulanate		☐ gentamicin	
☐ cloxacillin/oxacillin		☐ tobramycin	
☐ penicillin		☐ amikacin	
☐ piperacillin		☐ vancomycin	
☐ piperacillin-tazobactam		☐ tigecycline	
☐ ticarcillin-clavulanate		☐ colistin/colistemethate	
☐ cefazolin		☐ polymyxin B	
☐ ceftriaxone/cefotaxime		☐ erythro/azithro/clarithro	
☐ ceftazidime		☐ fluconazole	
☐ clindamycin		☐ voriconazole	
☐ tetracycline/doxycycline		☐ caspofungin	
☐ tmp-smx (septra)		☐ micafungin	
☐ ciprofloxacin		☐ anidulafungin	
☐ levofloxacin		☐ amphotericin	
☐ moxifloxacin		☐ other: _____	
☐ ertapenem		☐ other: _____	
☐ imipenem		☐ other: _____	

☐ **Please check if additional forms required for another organism**

Patient ID

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

CODES:
S = Susceptible
I = Intermediate
R = Resistant

ORGANISM # 2

Organism code:

ANTIMICROBIAL (check ALL that apply)

	CODE		CODE
☐ ampicillin / amoxicillin		☐ meropenem	
☐ amoxicillin-clavulanate		☐ gentamicin	
☐ cloxacillin/oxacillin		☐ tobramycin	
☐ penicillin		☐ amikacin	
☐ piperacillin		☐ vancomycin	
☐ piperacillin-tazobactam		☐ tigecycline	
☐ ticarcillin-clavulanate		☐ colistin/colistemethate	
☐ cefazolin		☐ polymyxin B	
☐ ceftriaxone/cefotaxime		☐ erythro/azithro/clarithro	
☐ ceftazidime		☐ fluconazole	
☐ clindamycin		☐ voriconazole	
☐ tetracycline/doxycycline		☐ caspofungin	
☐ tmp-smx (septra)		☐ micafungin	
☐ ciprofloxacin		☐ anidulafungin	
☐ levofloxacin		☐ amphotericin	
☐ moxifloxacin		☐ other: _____	
☐ ertapenem		☐ other: _____	
☐ imipenem		☐ other: _____	

☐ **Please check if additional forms required for another organism**

Patient ID

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

CODES:
S = Susceptible
I = Intermediate
R = Resistant

ORGANISM # 3

Organism code:

ANTIMICROBIAL (check ALL that apply)

	CODE		CODE
☐ ampicillin / amoxicillin		☐ meropenem	
☐ amoxicillin-clavulanate		☐ gentamicin	
☐ cloxacillin/oxacillin		☐ tobramycin	
☐ penicillin		☐ amikacin	
☐ piperacillin		☐ vancomycin	
☐ piperacillin-tazobactam		☐ tigecycline	
☐ ticarcillin-clavulanate		☐ colistin/colistemethate	
☐ cefazolin		☐ polymyxin B	
☐ ceftriaxone/cefotaxime		☐ erythro/azithro/clarithro	
☐ ceftazidime		☐ fluconazole	
☐ clindamycin		☐ voriconazole	
☐ tetracycline/doxycycline		☐ caspofungin	
☐ tmp-smx (septra)		☐ micafungin	
☐ ciprofloxacin		☐ anidulafungin	
☐ levofloxacin		☐ amphotericin	
☐ moxifloxacin		☐ other: _____	
☐ ertapenem		☐ other: _____	
☐ imipenem		☐ other: _____	

☐ **Please check if additional forms required for another organism**

Patient ID

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

CODES:
S = Susceptible
I = Intermediate
R = Resistant

ORGANISM # 4

Organism code:

ANTIMICROBIAL (check ALL that apply)

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

Please check if additional forms required for another organism

Patient ID

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

CODES:
S = Susceptible
I = Intermediate
R = Resistant

ORGANISM # 5

Organism code:

ANTIMICROBIAL (check ALL that apply)

	CODE		CODE
☐ ampicillin / amoxicillin		☐ meropenem	
☐ amoxicillin-clavulanate		☐ gentamicin	
☐ cloxacillin/oxacillin		☐ tobramycin	
☐ penicillin		☐ amikacin	
☐ piperacillin		☐ vancomycin	
☐ piperacillin-tazobactam		☐ tigecycline	
☐ ticarcillin-clavulanate		☐ colistin/colistemethate	
☐ cefazolin		☐ polymyxin B	
☐ ceftriaxone/cefotaxime		☐ erythro/azithro/clarithro	
☐ ceftazidime		☐ fluconazole	
☐ clindamycin		☐ voriconazole	
☐ tetracycline/doxycycline		☐ caspofungin	
☐ tmp-smx (septra)		☐ micafungin	
☐ ciprofloxacin		☐ anidulafungin	
☐ levofloxacin		☐ amphotericin	
☐ moxifloxacin		☐ other: _____	
☐ ertapenem		☐ other: _____	
☐ imipenem		☐ other: _____	

☐ **Please check if additional forms required for another organism**

Patient ID

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

CODES:
S = Susceptible
I = Intermediate
R = Resistant

ORGANISM # 6 Organism code:

ANTIMICROBIAL (check ALL that apply)

	CODE		CODE
☐ ampicillin / amoxicillin		☐ meropenem	
☐ amoxicillin-clavulanate		☐ gentamicin	
☐ cloxacillin/oxacillin		☐ tobramycin	
☐ penicillin		☐ amikacin	
☐ piperacillin		☐ vancomycin	
☐ piperacillin-tazobactam		☐ tigecycline	
☐ ticarcillin-clavulanate		☐ colistin/colistemethate	
☐ cefazolin		☐ polymyxin B	
☐ ceftriaxone/cefotaxime		☐ erythro/azithro/clarithro	
☐ ceftazidime		☐ fluconazole	
☐ clindamycin		☐ voriconazole	
☐ tetracycline/doxycycline		☐ caspofungin	
☐ tmp-smx (septra)		☐ micafungin	
☐ ciprofloxacin		☐ anidulafungin	
☐ levofloxacin		☐ amphotericin	
☐ moxifloxacin		☐ other: _____	
☐ ertapenem		☐ other: _____	
☐ imipenem		☐ other: _____	

☐ **Please check if additional forms required for another organism**

Patient ID

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

CODES:
S = Susceptible
I = Intermediate
R = Resistant

ORGANISM # 7

Organism code:

ANTIMICROBIAL (check ALL that apply)

	CODE		CODE
☐ ampicillin / amoxicillin		☐ meropenem	
☐ amoxicillin-clavulanate		☐ gentamicin	
☐ cloxacillin/oxacillin		☐ tobramycin	
☐ penicillin		☐ amikacin	
☐ piperacillin		☐ vancomycin	
☐ piperacillin-tazobactam		☐ tigecycline	
☐ ticarcillin-clavulanate		☐ colistin/colistemethate	
☐ cefazolin		☐ polymyxin B	
☐ ceftriaxone/cefotaxime		☐ erythro/azithro/clarithro	
☐ ceftazidime		☐ fluconazole	
☐ clindamycin		☐ voriconazole	
☐ tetracycline/doxycycline		☐ caspofungin	
☐ tmp-smx (septra)		☐ micafungin	
☐ ciprofloxacin		☐ anidulafungin	
☐ levofloxacin		☐ amphotericin	
☐ moxifloxacin		☐ other: _____	
☐ ertapenem		☐ other: _____	
☐ imipenem		☐ other: _____	

☐ **Please check if additional forms required for another organism**

Patient ID

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

CODES:
S = Susceptible
I = Intermediate
R = Resistant

ORGANISM # 8

Organism code:

ANTIMICROBIAL (check ALL that apply)

	CODE		CODE
☐ ampicillin / amoxicillin		☐ meropenem	
☐ amoxicillin-clavulanate		☐ gentamicin	
☐ cloxacillin/oxacillin		☐ tobramycin	
☐ penicillin		☐ amikacin	
☐ piperacillin		☐ vancomycin	
☐ piperacillin-tazobactam		☐ tigecycline	
☐ ticarcillin-clavulanate		☐ colistin/colistemethate	
☐ cefazolin		☐ polymyxin B	
☐ ceftriaxone/cefotaxime		☐ erythro/azithro/clarithro	
☐ ceftazidime		☐ fluconazole	
☐ clindamycin		☐ voriconazole	
☐ tetracycline/doxycycline		☐ caspofungin	
☐ tmp-smx (septra)		☐ micafungin	
☐ ciprofloxacin		☐ anidulafungin	
☐ levofloxacin		☐ amphotericin	
☐ moxifloxacin		☐ other: _____	
☐ ertapenem		☐ other: _____	
☐ imipenem		☐ other: _____	

☐ **Please check if additional forms required for another organism**

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 relevent 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 ☐☐ ☐☐ 20☐☐

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	☐☐☐☐20☐☐	☐	☐	☐
2. ☐ anaphylaxis	☐☐☐☐20☐☐	☐	☐	☐
3. ☐ kidney injury	☐☐☐☐20☐☐	☐	☐	☐
4. ☐ liver injury	☐☐☐☐20☐☐	☐	☐	☐
5. ☐ other related organ toxicity	☐☐☐☐20☐☐	☐	☐	☐

specify: _____

_____

6. ☐ C. difficile ☐☐☐☐20☐☐

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: ☐☐ ☐☐ 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_2 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?	☐	☐
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?	☐	☐
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min	☐	☐

FiO_2 (0.21-1.0) ☐.☐☐ PaO_2 (mmHg) ☐☐☐ Resp rate/min ☐☐ Platelet count (x10 ^{9}/L) ☐☐☐☐ Bilirubin ☐☐☐.☐ ☐ umol/L ☐ mg/dL White blood cell ☐☐☐.☐ x10^9/L

(Use the same ABG reading for FiO_2 and PaO_2 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*

Patient ID

01
Study Day

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: (dd/mm/yyyy) 20

***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_2 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?	☐	☐
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?	☐	☐
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min	☐	☐

FiO_2 (0.21-1.0) ☐.☐☐

PaO_2 (mmHg) ☐☐☐

Resp rate/min ☐☐

Platelet count (x10 ^{9}/L) ☐☐☐☐

Bilirubin ☐☐☐.☐ ☐ umol/L ☐ mg/dL

White blood cell ☐☐☐.☐ x10^9/L

(Use the same ABG reading for FiO_2 and PaO_2 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*

0 2
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: ☐☐ ☐☐ 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_2 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?	☐	☐
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?	☐	☐
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min	☐	☐

FiO_2 (0.21-1.0) ☐.☐☐ PaO_2 (mmHg) ☐☐☐ Resp rate/min ☐☐ Platelet count (x10 ^{9}/L) ☐☐☐☐ Bilirubin ☐☐☐.☐ ☐ umol/L ☐ mg/dL White blood cell ☐☐☐.☐ x10^9/L

(Use the same ABG reading for FiO_2 and PaO_2 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*

0 3
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: (dd/mm/yyyy) 2 0

***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_2 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?	☐	☐
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?	☐	☐
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min	☐	☐

FiO_2 (0.21-1.0) ☐.☐☐

PaO_2 (mmHg) ☐☐☐

Resp rate/min ☐☐

Platelet count (x10 ^{9}/L) ☐☐☐☐

Bilirubin ☐☐☐.☐ ☐ umol/L ☐ mg/dL

White blood cell ☐☐☐.☐ x10^9/L

(Use the same ABG reading for FiO_2 and PaO_2 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*

Patient ID

0 4
Study Day

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: ☐☐ ☐☐ 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_2 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?	☐	☐
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?	☐	☐
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min	☐	☐

FiO_2 (0.21-1.0) ☐.☐☐

PaO_2 (mmHg) ☐☐☐

Resp rate/min ☐☐

Platelet count (x10 ^{9}/L) ☐☐☐☐

Bilirubin ☐☐☐.☐ ☐ umol/L ☐ mg/dL

White blood cell ☐☐☐.☐ x10^9/L

(Use the same ABG reading for FiO_2 and PaO_2 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*

0 5
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: (dd/mm/yyyy) — 2 0

***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_2 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?	☐	☐
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?	☐	☐
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min	☐	☐

FiO_2 (0.21-1.0) ☐.☐☐

PaO_2 (mmHg) ☐☐☐

Resp rate/min ☐☐

Platelet count (x10 ^{9}/L) ☐☐☐☐

Bilirubin ☐☐☐.☐ ☐ umol/L ☐ mg/dL

White blood cell ☐☐☐.☐ x10^9/L

(Use the same ABG reading for FiO_2 and PaO_2 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*

Patient ID

06
Study Day

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_2 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?	☐	☐
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?	☐	☐
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min	☐	☐

FiO_2 (0.21-1.0) ☐.☐☐

PaO_2 (mmHg) ☐☐☐

Resp rate/min ☐☐

Platelet count (x10 ^{9}/L) ☐☐☐☐

Bilirubin ☐☐☐.☐ ☐ umol/L ☐ mg/dL

White blood cell ☐☐☐.☐ x10^9/L

(Use the same ABG reading for FiO_2 and PaO_2 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*

Patient ID

0 7
Study Day

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: ☐☐ ☐☐ 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_2 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?	☐	☐
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?	☐	☐
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min	☐	☐

FiO_2 (0.21-1.0) ☐.☐☐

PaO_2 (mmHg) ☐☐☐

Resp rate/min ☐☐

Platelet count (x10 ^{9}/L) ☐☐☐☐

Bilirubin ☐☐☐.☐ ☐ umol/L ☐ mg/dL

White blood cell ☐☐☐.☐ x10^9/L

(Use the same ABG reading for FiO_2 and PaO_2 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*

Patient ID

0 8
Study Day

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: ☐☐ ☐☐ 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_2 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?	☐	☐
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?	☐	☐
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min	☐	☐

FiO_2 (0.21-1.0) ☐.☐☐

PaO_2 (mmHg) ☐☐☐

Resp rate/min ☐☐

Platelet count (x10 ^{9}/L) ☐☐☐☐

Bilirubin ☐☐☐.☐ ☐ umol/L ☐ mg/dL

White blood cell ☐☐☐.☐ x10^9/L

(Use the same ABG reading for FiO_2 and PaO_2 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*

Patient ID

0 9
Study Day

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: ☐☐ ☐☐ 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_2 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?	☐	☐
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?	☐	☐
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min	☐	☐

FiO_2 (0.21-1.0) ☐.☐☐

PaO_2 (mmHg) ☐☐☐

Resp rate/min ☐☐

Platelet count (x10 ^{9}/L) ☐☐☐☐

Bilirubin ☐☐☐.☐ ☐ umol/L ☐ mg/dL

White blood cell ☐☐☐.☐ x10^9/L

(Use the same ABG reading for FiO_2 and PaO_2 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*

Patient ID

10 *Study Day*

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_2 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?	☐	☐
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?	☐	☐
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min	☐	☐

FiO_2 (0.21-1.0) ☐.☐☐

PaO_2 (mmHg) ☐☐☐

Resp rate/min ☐☐

Platelet count (x10 ^{9}/L) ☐☐☐☐

Bilirubin ☐☐☐.☐ ☐ umol/L ☐ mg/dL

White blood cell ☐☐☐.☐ x10^9/L

(Use the same ABG reading for FiO_2 and PaO_2 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*

Patient ID

11 *Study Day*

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_2 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?	☐	☐
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?	☐	☐
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min	☐	☐

FiO_2 (0.21-1.0) ☐.☐☐

PaO_2 (mmHg) ☐☐☐

Resp rate/min ☐☐

Platelet count (x10 ^{9}/L) ☐☐☐☐

Bilirubin ☐☐☐.☐ ☐ umol/L ☐ mg/dL

White blood cell ☐☐☐.☐ x10^9/L

(Use the same ABG reading for FiO_2 and PaO_2 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*

Study Day: 12

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: (dd/mm/yyyy) 20

***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_2 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?	☐	☐
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?	☐	☐
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min	☐	☐

FiO_2 (0.21-1.0) ☐.☐☐

PaO_2 (mmHg) ☐☐☐

Resp rate/min ☐☐

Platelet count (x10 ^{9}/L) ☐☐☐☐

Bilirubin ☐☐☐.☐ ☐ umol/L ☐ mg/dL

White blood cell ☐☐☐.☐ x10^9/L

(Use the same ABG reading for FiO_2 and PaO_2 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*

Patient ID

13
Study Day

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: (dd/mm/yyyy) 20

***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_2 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?	☐	☐
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?	☐	☐
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min	☐	☐

FiO_2 (0.21-1.0) ☐.☐☐

PaO_2 (mmHg) ☐☐☐

Resp rate/min ☐☐

Platelet count (x10 ^{9}/L) ☐☐☐☐

Bilirubin ☐☐☐.☐ ☐ umol/L ☐ mg/dL

White blood cell ☐☐☐.☐ x10^9/L

(Use the same ABG reading for FiO_2 and PaO_2 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*

Patient ID

14 *Study Day*

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_2 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?	☐	☐
- Dopamine 5-15ug/kg/min OR Epi/Norpepi ≤ 0.1ug/kg/min OR vasopressin OR metaraminol OR phenylephrine?	☐	☐
- Dopamine >15ug/k/min OR Epi/Norepi ≥ 0.1ug/kg/min	☐	☐

FiO_2 (0.21-1.0) ☐.☐☐

PaO_2 (mmHg) ☐☐☐

Resp rate/min ☐☐

Platelet count (x10 ^{9}/L) ☐☐☐☐

Bilirubin ☐☐☐.☐ ☐ umol/L ☐ mg/dL

White blood cell ☐☐☐.☐ x10^9/L

(Use the same ABG reading for FiO_2 and PaO_2 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: ☐☐ ☐☐ 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:

Is patient supposed to be on adequate treatment today?

Yes ☐

Is the patient actually still on adequate treatment?

Yes ☐

No ☐ → Ask clinical team for reason for premature discontinuation:

- ☐ antibiotics stopped due to adverse effects/side effects
- ☐ treating team thinks index infection no longer requires antibiotics and **knowingly deviated** from protocol
- ☐ other reason(s):

_____

_____

_____

No ☐

Is the patient actually still on adequate treatment?

No ☐

Yes ☐ → Ask clinical team for reason for continuation or restarting of antibiotics:

- ☐ **recurrence of index infection** and **knowingly deviated** from protocol
- ☐ **persistence of index infection** and **knowingly deviated** from protocol
- ☐ clinical reasons for extended treatment that were **not present** at time of enrollment, specify: _____

_____

- ☐ clinical reasons for extended treatment that were **unrecognized** at time of enrollment, specify: _____

_____

- ☐ antibiotics re-started due to **new infection** unrelated to index infection, specify: _____
- ☐ other reason(s): _____

_____

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: ☐☐ ☐☐ 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:

Is patient supposed to be on adequate treatment today?

Yes ☐ → Is the patient actually still on adequate treatment?

- Yes ☐
- No ☐ → Ask clinical team for reason for premature discontinuation:
  - ☐ antibiotics stopped due to adverse effects/side effects
  - ☐ treating team thinks index infection no longer requires antibiotics and **knowingly deviated** from protocol
  - ☐ other reason(s):
    _____
    _____
    _____

No ☐ → Is the patient actually still on adequate treatment?

- No ☐
- Yes ☐ → Ask clinical team for reason for continuation or restarting of antibiotics:
  - ☐ **recurrence of index infection** and **knowingly deviated** from protocol
  - ☐ **persistence of index infection** and **knowingly deviated** from protocol
  - ☐ clinical reasons for extended treatment that were **not present** at time of enrollment, specify: _____
    _____
  - ☐ clinical reasons for extended treatment that were **unrecognized** at time of enrollment, specify: _____
    _____
  - ☐ antibiotics re-started due to **new infection** unrelated to index infection, specify: _____
  - ☐ other reason(s): _____
    _____

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: ☐☐ ☐☐ 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:

Is patient supposed to be on adequate treatment today?

Yes ☐

Is the patient actually still on adequate treatment?

Yes ☐

No ☐ → Ask clinical team for reason for premature discontinuation:

- ☐ antibiotics stopped due to adverse effects/side effects
- ☐ treating team thinks index infection no longer requires antibiotics and **knowingly deviated** from protocol
- ☐ other reason(s):

_____

_____

_____

No ☐

Is the patient actually still on adequate treatment?

No ☐

Yes ☐ → Ask clinical team for reason for continuation or restarting of antibiotics:

- ☐ **recurrence of index infection** and **knowingly deviated** from protocol
- ☐ **persistence of index infection** and **knowingly deviated** from protocol
- ☐ clinical reasons for extended treatment that were **not present** at time of enrollment, specify: _____

_____

- ☐ clinical reasons for extended treatment that were **unrecognized** at time of enrollment, specify: _____

_____

- ☐ antibiotics re-started due to **new infection** unrelated to index infection, specify: _____
- ☐ other reason(s): _____

_____

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:

Is patient supposed to be on adequate treatment today?

Yes ☐

Is the patient actually still on adequate treatment?

Yes ☐

No ☐ → Ask clinical team for reason for premature discontinuation:

- ☐ antibiotics stopped due to adverse effects/side effects
- ☐ treating team thinks index infection no longer requires antibiotics and **knowingly deviated** from protocol
- ☐ other reason(s):

_____

_____

_____

No ☐

Is the patient actually still on adequate treatment?

No ☐

Yes ☐ → Ask clinical team for reason for continuation or restarting of antibiotics:

- ☐ **recurrence of index infection** and **knowingly deviated** from protocol
- ☐ **persistence of index infection** and **knowingly deviated** from protocol
- ☐ clinical reasons for extended treatment that were **not present** at time of enrollment, specify: _____

_____

- ☐ clinical reasons for extended treatment that were **unrecognized** at time of enrollment, specify: _____

_____

- ☐ antibiotics re-started due to **new infection** unrelated to index infection, specify: _____
- ☐ other reason(s): _____

_____

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

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: 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:

Is patient supposed to be on adequate treatment today?

Yes ☐

Is the patient actually still on adequate treatment?

Yes ☐

No ☐ → Ask clinical team for reason for premature discontinuation:

- ☐ antibiotics stopped due to adverse effects/side effects
- ☐ treating team thinks index infection no longer requires antibiotics and **knowingly deviated** from protocol
- ☐ other reason(s):

_____

_____

_____

No ☐

Is the patient actually still on adequate treatment?

No ☐

Yes ☐ → Ask clinical team for reason for continuation or restarting of antibiotics:

- ☐ **recurrence of index infection** and **knowingly deviated** from protocol
- ☐ **persistence of index infection** and **knowingly deviated** from protocol
- ☐ clinical reasons for extended treatment that were **not present** at time of enrollment, specify: _____

_____

- ☐ clinical reasons for extended treatment that were **unrecognized** at time of enrollment, specify: _____

_____

- ☐ antibiotics re-started due to **new infection** unrelated to index infection, specify: _____
- ☐ other reason(s): _____

_____

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: ☐☐ ☐☐ 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:

Is patient supposed to be on adequate treatment today?

Yes ☐

Is the patient actually still on adequate treatment?

Yes ☐

No ☐ → Ask clinical team for reason for premature discontinuation:

- ☐ antibiotics stopped due to adverse effects/side effects
- ☐ treating team thinks index infection no longer requires antibiotics and **knowingly deviated** from protocol
- ☐ other reason(s):

_____

_____

_____

No ☐

Is the patient actually still on adequate treatment?

No ☐

Yes ☐ → Ask clinical team for reason for continuation or restarting of antibiotics:

- ☐ **recurrence of index infection** and **knowingly deviated** from protocol
- ☐ **persistence of index infection** and **knowingly deviated** from protocol
- ☐ clinical reasons for extended treatment that were **not present** at time of enrollment, specify: _____

_____

- ☐ clinical reasons for extended treatment that were **unrecognized** at time of enrollment, specify: _____

_____

- ☐ antibiotics re-started due to **new infection** unrelated to index infection, specify: _____
- ☐ other reason(s): _____

_____

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:

Is patient supposed to be on adequate treatment today?

Yes ☐

Is the patient actually still on adequate treatment?

Yes ☐

No ☐ → Ask clinical team for reason for premature discontinuation:

- ☐ antibiotics stopped due to adverse effects/side effects
- ☐ treating team thinks index infection no longer requires antibiotics and **knowingly deviated** from protocol
- ☐ other reason(s):

_____

_____

_____

No ☐

Is the patient actually still on adequate treatment?

No ☐

Yes ☐ → Ask clinical team for reason for continuation or restarting of antibiotics:

- ☐ **recurrence of index infection** and **knowingly deviated** from protocol
- ☐ **persistence of index infection** and **knowingly deviated** from protocol
- ☐ clinical reasons for extended treatment that were **not present** at time of enrollment, specify: _____

_____

- ☐ clinical reasons for extended treatment that were **unrecognized** at time of enrollment, specify: _____

_____

- ☐ antibiotics re-started due to **new infection** unrelated to index infection, specify: _____
- ☐ other reason(s): _____

_____

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

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: 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:

Is patient supposed to be on adequate treatment today?

Yes ☐

Is the patient actually still on adequate treatment?

Yes ☐

No ☐ → Ask clinical team for reason for premature discontinuation:

- ☐ antibiotics stopped due to adverse effects/side effects
- ☐ treating team thinks index infection no longer requires antibiotics and **knowingly deviated** from protocol
- ☐ other reason(s):

_____

_____

_____

No ☐

Is the patient actually still on adequate treatment?

No ☐

Yes ☐ → Ask clinical team for reason for continuation or restarting of antibiotics:

- ☐ **recurrence of index infection** and **knowingly deviated** from protocol
- ☐ **persistence of index infection** and **knowingly deviated** from protocol
- ☐ clinical reasons for extended treatment that were **not present** at time of enrollment, specify: _____

_____

- ☐ clinical reasons for extended treatment that were **unrecognized** at time of enrollment, specify: _____

_____

- ☐ antibiotics re-started due to **new infection** unrelated to index infection, specify: _____
- ☐ other reason(s): _____

_____

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

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: 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:

Is patient supposed to be on adequate treatment today?

Yes ☐

Is the patient actually still on adequate treatment?

Yes ☐

No ☐ → Ask clinical team for reason for premature discontinuation:

- ☐ antibiotics stopped due to adverse effects/side effects
- ☐ treating team thinks index infection no longer requires antibiotics and **knowingly deviated** from protocol
- ☐ other reason(s):

_____

_____

_____

No ☐

Is the patient actually still on adequate treatment?

No ☐

Yes ☐ → Ask clinical team for reason for continuation or restarting of antibiotics:

- ☐ **recurrence of index infection** and **knowingly deviated** from protocol
- ☐ **persistence of index infection** and **knowingly deviated** from protocol
- ☐ clinical reasons for extended treatment that were **not present** at time of enrollment, specify: _____

_____

- ☐ clinical reasons for extended treatment that were **unrecognized** at time of enrollment, specify: _____

_____

- ☐ antibiotics re-started due to **new infection** unrelated to index infection, specify: _____
- ☐ other reason(s): _____

_____

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:

Is patient supposed to be on adequate treatment today?

Yes ☐

Is the patient actually still on adequate treatment?

Yes ☐

No ☐ → Ask clinical team for reason for premature discontinuation:

- ☐ antibiotics stopped due to adverse effects/side effects
- ☐ treating team thinks index infection no longer requires antibiotics and **knowingly deviated** from protocol
- ☐ other reason(s):

_____

_____

_____

No ☐

Is the patient actually still on adequate treatment?

No ☐

Yes ☐ → Ask clinical team for reason for continuation or restarting of antibiotics:

- ☐ **recurrence of index infection** and **knowingly deviated** from protocol
- ☐ **persistence of index infection** and **knowingly deviated** from protocol
- ☐ clinical reasons for extended treatment that were **not present** at time of enrollment, specify: _____

_____

- ☐ clinical reasons for extended treatment that were **unrecognized** at time of enrollment, specify: _____

_____

- ☐ antibiotics re-started due to **new infection** unrelated to index infection, specify: _____
- ☐ other reason(s): _____

_____

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

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: 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:

Is patient supposed to be on adequate treatment today?

Yes ☐

Is the patient actually still on adequate treatment?

Yes ☐

No ☐ → Ask clinical team for reason for premature discontinuation:

- ☐ antibiotics stopped due to adverse effects/side effects
- ☐ treating team thinks index infection no longer requires antibiotics and **knowingly deviated** from protocol
- ☐ other reason(s):

_____

_____

_____

No ☐

Is the patient actually still on adequate treatment?

No ☐

Yes ☐ → Ask clinical team for reason for continuation or restarting of antibiotics:

- ☐ **recurrence of index infection** and **knowingly deviated** from protocol
- ☐ **persistence of index infection** and **knowingly deviated** from protocol
- ☐ clinical reasons for extended treatment that were **not present** at time of enrollment, specify: _____

_____

- ☐ clinical reasons for extended treatment that were **unrecognized** at time of enrollment, specify: _____

_____

- ☐ antibiotics re-started due to **new infection** unrelated to index infection, specify: _____
- ☐ other reason(s): _____

_____

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: 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:

Is patient supposed to be on adequate treatment today?

Yes ☐

Is the patient actually still on adequate treatment?

Yes ☐

No ☐ → Ask clinical team for reason for premature discontinuation:

- ☐ antibiotics stopped due to adverse effects/side effects
- ☐ treating team thinks index infection no longer requires antibiotics and **knowingly deviated** from protocol
- ☐ other reason(s):

_____

_____

_____

No ☐

Is the patient actually still on adequate treatment?

No ☐

Yes ☐ → Ask clinical team for reason for continuation or restarting of antibiotics:

- ☐ **recurrence of index infection** and **knowingly deviated** from protocol
- ☐ **persistence of index infection** and **knowingly deviated** from protocol
- ☐ clinical reasons for extended treatment that were **not present** at time of enrollment, specify: _____

_____

- ☐ clinical reasons for extended treatment that were **unrecognized** at time of enrollment, specify: _____

_____

- ☐ antibiotics re-started due to **new infection** unrelated to index infection, specify: _____
- ☐ other reason(s): _____

_____

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

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: 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:

Is patient supposed to be on adequate treatment today?

Yes ☐

Is the patient actually still on adequate treatment?

Yes ☐

No ☐ → Ask clinical team for reason for premature discontinuation:

- ☐ antibiotics stopped due to adverse effects/side effects
- ☐ treating team thinks index infection no longer requires antibiotics and **knowingly deviated** from protocol
- ☐ other reason(s):

_____

_____

_____

No ☐

Is the patient actually still on adequate treatment?

No ☐

Yes ☐ → Ask clinical team for reason for continuation or restarting of antibiotics:

- ☐ **recurrence of index infection** and **knowingly deviated** from protocol
- ☐ **persistence of index infection** and **knowingly deviated** from protocol
- ☐ clinical reasons for extended treatment that were **not present** at time of enrollment, specify: _____

_____

- ☐ clinical reasons for extended treatment that were **unrecognized** at time of enrollment, specify: _____

_____

- ☐ antibiotics re-started due to **new infection** unrelated to index infection, specify: _____
- ☐ other reason(s): _____

_____

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

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: 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:

Is patient supposed to be on adequate treatment today?

Yes ☐

Is the patient actually still on adequate treatment?

Yes ☐

No ☐ → Ask clinical team for reason for premature discontinuation:

- ☐ antibiotics stopped due to adverse effects/side effects
- ☐ treating team thinks index infection no longer requires antibiotics and **knowingly deviated** from protocol
- ☐ other reason(s):

_____

_____

_____

No ☐

Is the patient actually still on adequate treatment?

No ☐

Yes ☐ → Ask clinical team for reason for continuation or restarting of antibiotics:

- ☐ **recurrence of index infection** and **knowingly deviated** from protocol
- ☐ **persistence of index infection** and **knowingly deviated** from protocol
- ☐ clinical reasons for extended treatment that were **not present** at time of enrollment, specify: _____

_____

- ☐ clinical reasons for extended treatment that were **unrecognized** at time of enrollment, specify: _____

_____

- ☐ antibiotics re-started due to **new infection** unrelated to index infection, specify: _____
- ☐ other reason(s): _____

_____

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 #215* *Visit #000*

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: 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:

Is patient supposed to be on adequate treatment today?

Yes ☐

Is the patient actually still on adequate treatment?

Yes ☐

No ☐ → Ask clinical team for reason for premature discontinuation:

- ☐ antibiotics stopped due to adverse effects/side effects
- ☐ treating team thinks index infection no longer requires antibiotics and **knowingly deviated** from protocol
- ☐ other reason(s):

_____

_____

_____

No ☐

Is the patient actually still on adequate treatment?

No ☐

Yes ☐ → Ask clinical team for reason for continuation or restarting of antibiotics:

- ☐ **recurrence of index infection** and **knowingly deviated** from protocol
- ☐ **persistence of index infection** and **knowingly deviated** from protocol
- ☐ clinical reasons for extended treatment that were **not present** at time of enrollment, specify: _____

_____

- ☐ clinical reasons for extended treatment that were **unrecognized** at time of enrollment, specify: _____

_____

- ☐ antibiotics re-started due to **new infection** unrelated to index infection, specify: _____
- ☐ other reason(s): _____

_____

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 #216* *Visit #000*

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:

Is patient supposed to be on adequate treatment today?

Yes ☐

Is the patient actually still on adequate treatment?

Yes ☐

No ☐ → Ask clinical team for reason for premature discontinuation:

- ☐ antibiotics stopped due to adverse effects/side effects
- ☐ treating team thinks index infection no longer requires antibiotics and **knowingly deviated** from protocol
- ☐ other reason(s):

_____

_____

_____

No ☐

Is the patient actually still on adequate treatment?

No ☐

Yes ☐ → Ask clinical team for reason for continuation or restarting of antibiotics:

- ☐ **recurrence of index infection** and **knowingly deviated** from protocol
- ☐ **persistence of index infection** and **knowingly deviated** from protocol
- ☐ clinical reasons for extended treatment that were **not present** at time of enrollment, specify: _____

_____

- ☐ clinical reasons for extended treatment that were **unrecognized** at time of enrollment, specify: _____

_____

- ☐ antibiotics re-started due to **new infection** unrelated to index infection, specify: _____
- ☐ other reason(s): _____

_____

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 ☐