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| **I. Participant** DOB: ––––/––––/––––  DD / MM / YYYY | | | | | | | Gender: Male Female | | | Weight: ––––––– kg | | Comments |
| **Date:** |  | | **Time**: | | | | Code/ID: –––––––––––––– | | | Height: ––––––– cm | |
| **Day** | **Operator initials** | **Physician signoff\*** | | **Attempts # (n)** | **Awake**  **Y/N** | **Last feed**  **(hrs#)** | **Steady-state minimum 5 min (Y/N)** | **0.65 >RQ <1.25** | **Variability** | | **Calorimetry successful\***  **Y/N** |  |
| **O2** | **Co2** |
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| **II. CRFs verified by** |  | Date: ––––/––––/––––  DD / MM / YYYY |
| Name: ––––––––––––––––––––––––––––––––––––––– |  | Time: –––– ––––:–––– –––– |

**\***Only applicable for children on Oxygen

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Quality Control Specialist initials** | | | | | Date: ––––/––––/––––  DD / MM / YYYY | | | | | | Comments |
| **Days** | **Date** | **Attempt analyzed** | **AVG Intervals**  **(min)** | **VO2**  **mL/min** | **VCO2**  **mL/min** | **RQ** | **Variability** | | **REE**  **Kcal/d** | **Acceptable data** |  |
| **O2** | **Co2** |
|  |  |  |  |  |  |  |  |  |  |  |  |