|  |  |  |  |
| --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **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** |
|  |  |  |  |  |  |  |  |  |  |  |  |