

**Data collection form**  
**ASAP – ECMO Study**

Patient No.

Age	Sex M / F	Weight (kg)	Height (cm)	
ICU Admission Diagnosis		APACHE II*	SOFA*	
Days/hours on ECMO				
ECMO flow rate				
Type of ECMO		<input type="checkbox"/> VA	<input type="checkbox"/> VV	<input type="checkbox"/> Other
Pump		<input type="checkbox"/> Jostra RotaFlow	<input type="checkbox"/> Cardiohelp	
		<input type="checkbox"/> Levotronix Centrimag		
Oxygenator		<input type="checkbox"/> Quadrox		
		<input type="checkbox"/> Other (please specify) _____		
<b>During pharmacokinetic sampling</b>				
Serum bilirubin ( $\mu\text{mol/L}$ ):		RRT: Yes / No		
		If YES, please specify mode and flows below.		
Serum creatinine ( $\mu\text{mol/L}$ ):		CVVH	CVVHDF	SCUF
Serum Albumin (g/L):		EDD	IHD	OTHER
Total proteins (g/L)		Effluent flow rate (ml/h):		
		Blood flow rate (ml/min):		
Blood urea (mmol/L)		If NO, 8 hour creatinine clearance:		
Blood product transfusion details:		24 h fluid balance:		