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61186372NSC4018 0.1 RW - Unique

Forms Generated On: 29 May 2026

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Subject

Subject	
Site ID	
NOLOCK	1

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Name: 61186372NSC4018

Form: Date of Visit

Visit Date	
Type of Contact	Site Visit ☐
	Home Visit ☐
	Remote, Telephone Call ☐
	Remote, Video Call ☐

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Name: 61186372NSC4018

Form: Cycle Delay

Category	CYCLE DELAY
Was Day 1 of the cycle delayed?	Yes ☐
	No ☐
What was the reason the cycle was delayed?	Adverse Event ☐
	Other ☐
If Reason was Adverse Event, choose the corresponding AE log line(s), start date(s), and term(s)	
 AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
If Other, Specify	

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Name: 61186372NSC4018

Form: Demographics

INFORMED CONSENT

What was the date of the signature on informed consent? _____

PROTOCOL DATE

What is the protocol date the subject consented to at study start? _____

DEMOGRAPHICS

What is the subject's age? _____

Age unit

Hours ☐

Days ☐

Weeks ☐

Months ☐

Years ☒

What is the sex of the subject? _____

Female ☐

Male ☐

Unknown ☐

Undifferentiated ☐

What is the ethnicity of the subject? _____

Hispanic or Latino ☐

Not Hispanic or Latino ☐

Not Reported ☐

Unknown ☐

What is the race of the subject _____

Indian _____

Other _____

If subject was re-screened, specify below: _____

Previous Subject ID _____

NOLOCK

1

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Name: 61186372NSC4018

Form: Inclusion/Exclusion Criteria

Were all eligibility criteria met? Yes ☐

No ☐

**If No, enter below information about criteria not satisfied/met
(click Add New Log Line to enter more than one criterion)**

Exclusion ☐

Inclusion ☐

What was the category of the criterion?

Criterion ID _____

Now _____

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Name: 61186372NSC4018

Form: Enrollment [Crossover Monotherapy]

Date Enrolled

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Name: 61186372NSC4018

Form: General Medical History

Category	GENERAL
Has the subject experienced any past and/ or concomitant diseases?	Yes ☐
If 'Yes', add a log line for each abnormality.	No ☐
Body System or MH Subcategory	Allergic/Immunologic ☐
	Cardiovascular ☐
	Dermatologic ☐
	Ears, Nose and Throat ☐
	Endocrine and Metabolic ☐
	Eyes ☐
	Gastrointestinal ☐
	Genito-urinary ☐
	Hematopoietic/Lymphatic ☐
	Musculoskeletal ☐
	Neurologic ☐
	Psychiatric ☐
	Reproductive/Breast ☐
	Respiratory ☐
	Other ☐
What is the verbatim term for the medical history condition/event?	
Is the medical history disease/condition or event still ongoing?	Yes ☐
	No ☐
Toxicity Grade	1 ☐
	2 ☐
	3 ☐
	4 ☐
Now	
SGMHNOW	

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Name: 61186372NSC4018

Form: Pregnancy Test

Was the sample collected?	Yes ☐
	No ☐
If Yes, was the collection date the same as the visit date?	Yes ☐
	No ☐
Specimen Type	Serum ☐
	Urine ☐
Collection Date	
Pregnancy Test	Positive ☐
	Negative ☐
SGLBNOW	

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Name: 61186372NSC4018

Form: Diagnosis Non-Small Cell Lung Cancer

Category	DIAGNOSIS NON-SMALL CELL LUNG CANCER
Sub-category	INITIAL DIAGNOSIS NON-SMALL CELL LUNG CANCER
Date of Initial Diagnosis	
Initial Diagnosis	NON SMALL CELL LUNG CANCER
Diagnosis Subtype	Adenocarcinoma ☐ Large Cell Carcinoma ☐ Squamous Cell Carcinoma ☐ Other ☐
If Other, Specify	
Histology grade at initial diagnosis	Moderately Differentiated ☐ Poorly Differentiated ☐ Well Differentiated ☐ Other ☐
If Other, Specify	
Cancer stage at initial diagnosis	IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IIIC ☐ IVA ☐ IVB ☐
Sub-category	SCREENING DIAGNOSIS NON-SMALL CELL LUNG CANCER
Histology Grade at Screening	Moderately Differentiated ☐ Poorly Differentiated ☐ Well Differentiated ☐ Other ☐
If Other, Specify	

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Name: 61186372NSC4018

Form: Diagnosis Non-Small Cell Lung Cancer

Cancer Stage at Screening	IIIA ☐
	IIIB ☐
	IIC ☐
	IVA ☐
	IVB ☐
Sub-category	METASTATIC DISEASE DIAGNOSIS
Date of diagnosis of metastatic disease	
Location of Metastasis (check all that apply):	
Bone	
Liver	
Brain	
Lymph Node	
Adrenal Gland	
Lung	
Other	
If Other, Specify	

61186372NSC4018 0.1 RW: Unique Forms Project**Name: 61186372NSC4018****Form: Prior Systemic Therapy**

Category	PRIOR SYSTEMIC THERAPY
Indication	ADVANCED NON-SMALL CELL LUNG CANCER
Regimen (general info)	
Regimen Number (Hidden)	
Line of Therapy Number	
Setting	Adjuvant ☐ Neo-adjuvant ☐ Curative/Palliative/Any other intent ☐ Concurrent Chemoradiation ☐
Best Response	Complete Response ☐ Partial Response ☐ Stable Disease ☐ Progressive Disease ☐ Not Applicable ☐ Not Evaluable ☐ Unknown ☐
Regimen (progression/relapse info)	
Progression/Relapse	PROGRESSION/RELAPSE
Did subject progress/relapse on or after this regimen?	Yes ☐ No ☐ Unknown ☐
If Yes, Progression/Relapse Date	
Details for each individual drug in this regimen	
Regimen Number	
Medication or Therapy	
Start Date	
End Date	
Did the subject receive any other prior systemic therapies? (Click "yes" to create a new form to report additional prior systemic therapies)	Yes ☐ No ☐
Now	

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Name: 61186372NSC4018

Form: Physical Examination

Was the physical examination performed? Yes ☐
No ☐

If Yes, was the collection date the same as the visit date? Yes ☐
No ☐

Exam Date

Body System

General Appearance ☒

Skin (and Mucous Membranes) ☐

Eyes ☐

Ears, Nose, Throat ☐

Head, Neck, Thyroid ☐

Heart ☐

Lung ☐

Chest ☐

Abdomen ☐

Genitalia ☐

Anorectal ☐

Lymph Nodes ☐

Musculoskeletal ☐

Respiratory ☐

Cardiovascular ☐

Breast ☐

Neurological ☐

Peripheral Pulsations ☐

Result Normal ☐
Abnormal ☐
Not Done ☐

Abnormal Findings

If Abnormal, Clinically Significant Yes ☐
No ☐

Body System

General Appearance ☐

Skin (and Mucous Membranes) ☒

Eyes ☐

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Name: 61186372NSC4018

Form: Physical Examination

	Ears, Nose, Throat	☐
	Head, Neck, Thyroid	☐
	Heart	☐
	Lung	☐
	Chest	☐
	Abdomen	☐
	Genitalia	☐
	Anorectal	☐
	Lymph Nodes	☐
	Musculoskeletal	☐
	Respiratory	☐
	Cardiovascular	☐
	Breast	☐
	Neurological	☐
	Peripheral Pulsations	☐
Result	Normal	☐
	Abnormal	☐
	Not Done	☐
Abnormal Findings		
If Abnormal, Clinically Significant	Yes	☐
	No	☐
Body System	General Appearance	☐
	Skin (and Mucous Membranes)	☐
	Eyes	☒
	Ears, Nose, Throat	☐
	Head, Neck, Thyroid	☐
	Heart	☐
	Lung	☐
	Chest	☐
	Abdomen	☐
	Genitalia	☐
	Anorectal	☐
	Lymph Nodes	☐

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Form: Physical Examination

	Musculoskeletal	☐
	Respiratory	☐
	Cardiovascular	☐
	Breast	☐
	Neurological	☐
	Peripheral Pulsations	☐
Result	Normal	☐
	Abnormal	☐
	Not Done	☐

Abnormal Findings

If Abnormal, Clinically Significant	Yes	☐
	No	☐

Body System	General Appearance	☐
	Skin (and Mucous Membranes)	☐
	Eyes	☐
	Ears, Nose, Throat	☒
	Head, Neck, Thyroid	☐
	Heart	☐
	Lung	☐
	Chest	☐
	Abdomen	☐
	Genitalia	☐
	Anorectal	☐
	Lymph Nodes	☐
	Musculoskeletal	☐
	Respiratory	☐
	Cardiovascular	☐
	Breast	☐
	Neurological	☐
	Peripheral Pulsations	☐
Result	Normal	☐
	Abnormal	☐

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Name: 61186372NSC4018

Form: Physical Examination

Not Done ☐

Abnormal Findings

If Abnormal, Clinically Significant Yes ☐

No ☐

Body System

General Appearance ☐

Skin (and Mucous Membranes) ☐

Eyes ☐

Ears, Nose, Throat ☐

Head, Neck, Thyroid ☒

Heart ☐

Lung ☐

Chest ☐

Abdomen ☐

Genitalia ☐

Anorectal ☐

Lymph Nodes ☐

Musculoskeletal ☐

Respiratory ☐

Cardiovascular ☐

Breast ☐

Neurological ☐

Peripheral Pulsations ☐

Result Normal ☐

Abnormal ☐

Not Done ☐

Abnormal Findings

If Abnormal, Clinically Significant Yes ☐

No ☐

Body System

General Appearance ☐

Skin (and Mucous Membranes) ☐

Eyes ☐

Ears, Nose, Throat ☐

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Form: Physical Examination

	Head, Neck, Thyroid	☐
	Heart	☒
	Lung	☐
	Chest	☐
	Abdomen	☐
	Genitalia	☐
	Anorectal	☐
	Lymph Nodes	☐
	Musculoskeletal	☐
	Respiratory	☐
	Cardiovascular	☐
	Breast	☐
	Neurological	☐
	Peripheral Pulsations	☐
Result	Normal	☐
	Abnormal	☐
	Not Done	☐
Abnormal Findings		
If Abnormal, Clinically Significant	Yes	☐
	No	☐
Body System	General Appearance	☐
	Skin (and Mucous Membranes)	☐
	Eyes	☐
	Ears, Nose, Throat	☐
	Head, Neck, Thyroid	☐
	Heart	☐
	Lung	☒
	Chest	☐
	Abdomen	☐
	Genitalia	☐
	Anorectal	☐
	Lymph Nodes	☐
	Musculoskeletal	☐

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Form: Physical Examination

	Respiratory	☐
	Cardiovascular	☐
	Breast	☐
	Neurological	☐
	Peripheral Pulsations	☐
Result	Normal	☐
	Abnormal	☐
	Not Done	☐
Abnormal Findings		
If Abnormal, Clinically Significant	Yes	☐
	No	☐
Body System	General Appearance	☐
	Skin (and Mucous Membranes)	☐
	Eyes	☐
	Ears, Nose, Throat	☐
	Head, Neck, Thyroid	☐
	Heart	☐
	Lung	☐
	Chest	☒
	Abdomen	☐
	Genitalia	☐
	Anorectal	☐
	Lymph Nodes	☐
	Musculoskeletal	☐
	Respiratory	☐
	Cardiovascular	☐
	Breast	☐
	Neurological	☐
	Peripheral Pulsations	☐
Result	Normal	☐
	Abnormal	☐
	Not Done	☐

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Name: 61186372NSC4018

Form: Physical Examination

Abnormal Findings	
If Abnormal, Clinically Significant	Yes ☐
	No ☐

Body System	General Appearance ☐
	Skin (and Mucous Membranes) ☐
	Eyes ☐
	Ears, Nose, Throat ☐
	Head, Neck, Thyroid ☐
	Heart ☐
	Lung ☐
	Chest ☐
	Abdomen ☐
	Genitalia ☐
	Anorectal ☐
	Lymph Nodes ☐
	Musculoskeletal ☐
	Respiratory ☐
	Cardiovascular ☐
	Breast ☒
	Neurological ☐
	Peripheral Pulsations ☐

Result	Normal ☐
	Abnormal ☐
	Not Done ☐

Abnormal Findings	
If Abnormal, Clinically Significant	Yes ☐
	No ☐

Body System	General Appearance ☐
	Skin (and Mucous Membranes) ☐
	Eyes ☐
	Ears, Nose, Throat ☐
	Head, Neck, Thyroid ☐

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Form: Physical Examination

	Heart	☐
	Lung	☐
	Chest	☐
	Abdomen	☒
	Genitalia	☐
	Anorectal	☐
	Lymph Nodes	☐
	Musculoskeletal	☐
	Respiratory	☐
	Cardiovascular	☐
	Breast	☐
	Neurological	☐
	Peripheral Pulsations	☐
Result	Normal	☐
	Abnormal	☐
	Not Done	☐
Abnormal Findings		
If Abnormal, Clinically Significant	Yes	☐
	No	☐
Body System	General Appearance	☐
	Skin (and Mucous Membranes)	☐
	Eyes	☐
	Ears, Nose, Throat	☐
	Head, Neck, Thyroid	☐
	Heart	☐
	Lung	☐
	Chest	☐
	Abdomen	☐
	Genitalia	☒
	Anorectal	☐
	Lymph Nodes	☐
	Musculoskeletal	☐
	Respiratory	☐

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Name: 61186372NSC4018

Form: Physical Examination

	Cardiovascular	☐
	Breast	☐
	Neurological	☐
	Peripheral Pulsations	☐

Result	Normal	☐
	Abnormal	☐
	Not Done	☐

Abnormal Findings	
If Abnormal, Clinically Significant	Yes ☐
	No ☐

Body System	General Appearance	☐
	Skin (and Mucous Membranes)	☐
	Eyes	☐
	Ears, Nose, Throat	☐
	Head, Neck, Thyroid	☐
	Heart	☐
	Lung	☐
	Chest	☐
	Abdomen	☐
	Genitalia	☐
	Anorectal	☒
	Lymph Nodes	☐
	Musculoskeletal	☐
	Respiratory	☐
	Cardiovascular	☐
	Breast	☐
	Neurological	☐
	Peripheral Pulsations	☐

Result	Normal	☐
	Abnormal	☐
	Not Done	☐

Abnormal Findings	
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61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Physical Examination

If Abnormal, Clinically Significant	Yes ☐
	No ☐

Body System	General Appearance ☐
	Skin (and Mucous Membranes) ☐
	Eyes ☐
	Ears, Nose, Throat ☐
	Head, Neck, Thyroid ☐
	Heart ☐
	Lung ☐
	Chest ☐
	Abdomen ☐
	Genitalia ☐
	Anorectal ☐
	Lymph Nodes ☒
	Musculoskeletal ☐
	Respiratory ☐
	Cardiovascular ☐
	Breast ☐
	Neurological ☐
	Peripheral Pulsations ☐

Result	Normal ☐
	Abnormal ☐
	Not Done ☐

Abnormal Findings

If Abnormal, Clinically Significant	Yes ☐
	No ☐

Body System	General Appearance ☐
	Skin (and Mucous Membranes) ☐
	Eyes ☐
	Ears, Nose, Throat ☐
	Head, Neck, Thyroid ☐
	Heart ☐

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Name: 61186372NSC4018

Form: Physical Examination

	Lung	☐
	Chest	☐
	Abdomen	☐
	Genitalia	☐
	Anorectal	☐
	Lymph Nodes	☐
	Musculoskeletal	☒
	Respiratory	☐
	Cardiovascular	☐
	Breast	☐
	Neurological	☐
	Peripheral Pulsations	☐
Result	Normal	☐
	Abnormal	☐
	Not Done	☐
Abnormal Findings		
If Abnormal, Clinically Significant	Yes	☐
	No	☐
Body System		
	General Appearance	☐
	Skin (and Mucous Membranes)	☐
	Eyes	☐
	Ears, Nose, Throat	☐
	Head, Neck, Thyroid	☐
	Heart	☐
	Lung	☐
	Chest	☐
	Abdomen	☐
	Genitalia	☐
	Anorectal	☐
	Lymph Nodes	☐
	Musculoskeletal	☐
	Respiratory	☐
	Cardiovascular	☐

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61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Physical Examination

	Breast	☐
	Neurological	☒
	Peripheral Pulsations	☐
Result	Normal	☐
	Abnormal	☐
	Not Done	☐
Abnormal Findings		
If Abnormal, Clinically Significant	Yes	☐
	No	☐

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Presence of Baseline Lesions

Were any target lesions present at baseline?	Yes ☐
	No ☐

Were any non-target lesions present at baseline?	Yes ☐
	No ☐

If either answer is Yes, record data on the appropriate Tumor Lesion form. If both answers are No, enter:

Date of Assessment	
Method of Assessment	CT Scan ☐
	Spiral CT ☐
	MRI ☐
	PET/CT Scan ☐
	Bone Scan ☐

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Form: Lung Cancer Symptomatic Progression

Has the subject experienced any new / worsened symptoms related to lung cancer? Yes ☐
No ☐

If Yes, please indicate the symptom by selecting the appropriate AE/SAE log line

AE log line, start date, and term

AE log line, start date, and term

AE log line, start date, and term

AE log line, start date, and term

If the symptom occurred after the AE/SAE entry period in EDC, specify:

Symptom

Start date of symptom or worsening of symptom

Were interventions implemented related to this symptom? Yes ☐
No ☐

If yes, Intervention type (check all that apply)

Starting new or changing ongoing systemic anti-cancer therapies

Starting new or changing ongoing surgical procedures / radiation / local therapies

Starting new or changing ongoing supportive therapies (such as pain medication, home oxygen, etc)

Please select the relevant interventions on the applicable form(s)

CM log line, start date, and term

CM log line, start date, and term

CM log line, start date, and term

CM log line, start date, and term

CM log line, start date, and term

Please link interventions from the applicable Procedures form(s)

Procedures log line, start date, and procedure

Procedures log line, start date, and procedure

Procedures log line, start date, and procedure

Procedures log line, start date, and procedure

Procedures log line, start date, and procedure

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Name: 61186372NSC4018

Form: Pre-Infusion Medication

Medication or Therapy	☒
	☐
	☐
	☐
	☐
	☐

Start Date _____

End Date _____

Prescribed Dose _____ Fixed Unit: mg

Actual Dose _____ Fixed Unit: mg

Frequency	As Necessary	☐
	Continuous	☐
	Daily	☐
	Every Other Day	☐
	Every Four Weeks	☐
	Every Two Weeks	☐
	Four Times Daily	☐
	Four Times Weekly	☐
	Infrequent	☐
	Monthly	☐
	Once	☐
	Three Times Daily	☐
	Three Times Weekly	☐
	Twice Per Month	☐
	Twice Weekly	☐
	Twice Daily	☐
	Weekly	☐
	Every Nine Weeks	☐
	Unknown	☐
	Other	☐

If Other, Specify _____

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Form: Pre-Infusion Medication

Route	Auricular	☐
	Inhalation	☐
	Intramuscular	☐
	Intravenous	☐
	Nasal	☐
	Ophthalmic	☐
	Oral	☒
	Parenteral	☐
	Rectal	☐
	Subcutaneous	☐
	Sublingual	☐
	Topical	☐
	Transdermal	☐
	Not Applicable	☐
	Unknown	☐
	Other	☐

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61186372NSC4018
Form: Study Drug Infusion Administration for Amivantamab

Category	Amivantamab ☒ Carboplatin ☐ Pemetrexed ☐
Action taken prior to the infusion start	Dose Re-escalated ☐ Dose Reduced Compared To Prior Infusion ☐ Infusion Delayed Within The Cycle ☐ Infusion Rate Decreased Compared to Prior Infusion ☐ Infusion Skipped (And Not Made Up) ☐ Same Dose As Prior Infusion ☐ Study Drug Permanently Discontinued ☐
If Action Taken was <u>not</u> 'Same Dose as Prior Infusion' or 'Dose Re-escalated', specify What was the reason for the action taken prior to infusion start	Adverse Event ☐ Other ☐
If Adverse Event, choose the corresponding AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
If Other, Specify Other reason	
What was the total dose prepared?	Fixed Unit: mg
What was the total volume prepared?	250 mL ☐ 500 mL ☐ 750 mL ☐ 1000 mL ☐
What was the total volume administered (<i>Derived</i>)	
Formulation	Solution ☒
Route	Intravenous ☒
Start Date	
End Date	
61186372NSC4018 0.1 RW (30595)	

61186372NSC4018 0.1 RW: Unique Forms**Project Name: 61186372NSC4018****Form: Study Drug Infusion Administration for Amivantamab****IF THE INFUSION WAS ABORTED THEN PROVIDE
INFORMATION BELOW**

Fixed Unit: mL

What was the volume administered?

SGEXNOW

Did the infusion episode start after midnight?

Yes ☐No ☐

Actual Start Date

Actual Start Time

If this infusion episode was started the day after the initial start of this
infusion, select "Yes"Yes ☐

Actual End Date

Actual End Time

Did the infusion episode end after midnight?

Yes ☐No ☐If this infusion episode was ended the day after the initial start of this
infusion, select "Yes"Yes ☐

Infusion rate during this infusion episode

Unit

mL/h

Action Taken during the infusion

Full Dose Administered Without
Interruption or Rate Change ☐Infusion Aborted ☐Infusion Continued at same Rate ☐Infusion Interrupted ☐Infusion Rate Decreased ☐Infusion Rate Increased ☐Infusion Started ☐**If Action Taken was 'Infusion interrupted', 'Infusion Rate
Decreased', or 'Infusion Aborted', specify**Adverse Event ☐Other ☐

What was the reason for the action taken during the infusion?

If Adverse Event, choose the corresponding AE log line, start date,
and term

AE log line, start date, and term

AE log line, start date, and term

If Other, Specify Other reason

Start Date and Time

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61186372NSC4018 0.1 RW: Unique Forms Project Name:

61186372NSC4018

Form: Study Drug Infusion Administration for Amivantamab

End Date and Time	
Indication	Metastatic Non-Small Cell Lung Cancer

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Name: 61186372NSC4018

Form: Carboplatin dosing administration

Category	Amivantamab ☐
	Carboplatin ☒
	Pemetrexed ☐
Action taken prior to infusion start	Dose Reduced Compared To Prior Infusion ☐
	Infusion Delayed Within The Cycle ☐
	Infusion Rate Decreased Compared to Prior Infusion ☐
	Infusion Skipped (And Not Made Up) ☐
	Same Dose As Prior Infusion ☐
	Study Drug Permanently Discontinued ☐
If Action Taken was <u>not</u> 'Same Dose as Prior Infusion', specify	Adverse Event ☐
What was the reason for the action taken prior to infusion start	Other ☐
If Adverse Event, choose the corresponding AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
If Other, Specify Other reason	
Dose level	Fixed Unit: AUC
Calculated dose administered	Fixed Unit: mg
What was the total volume prepared?	Fixed Unit: ml
What was the total volume administered (<i>Derived</i>)	
Formulation	Solution ☒
Route	Intravenous ☒
IF THE INFUSION WAS ABORTED THEN PROVIDE INFORMATION BELOW	Fixed Unit: mL
What was the volume administered?	
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Name: 61186372NSC4018

Form: Carboplatin dosing administration

SGEXNOW	
Actual Start Date	
Actual Start Time	
Actual End Date	
Actual End Time	
Infusion rate during this infusion episode	
Unit	mL/h
Action Taken during the infusion	Full Dose Administered Without Interruption or Rate Change ☐
	Infusion Aborted ☐
	Infusion Continued at same Rate ☐
	Infusion Interrupted ☐
	Infusion Rate Decreased ☐
	Infusion Rate Increased ☐
	Infusion Started ☐
If Action Taken was 'Infusion interrupted', 'Infusion Rate Decreased', or 'Infusion Aborted', specify	Adverse Event ☐
What was the reason for the action taken during the infusion?	Other ☐
If Adverse Event, choose the corresponding AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
If Other, Specify Other reason	
Indication	Metastatic Non-Small Cell Lung Cancer ☒

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Name: 61186372NSC4018

Form: Pemetrexed dosing administration

Category	Amivantamab	☐
	Carboplatin	☐
	Pemetrexed	☒

Action taken prior to infusion start	Dose Reduced Compared To Prior Infusion	☐
	Infusion Delayed Within The Cycle	☐
	Infusion Rate Decreased Compared to Prior Infusion	☐
	Infusion Skipped (And Not Made Up)	☐
	Same Dose As Prior Infusion	☐
	Study Drug Permanently Discontinued	☐

If Action Taken was <u>not</u> 'Same Dose as Prior Infusion', specify	Adverse Event	☐
What was the reason for the action taken prior to infusion start	Other	☐

If Adverse Event, choose the corresponding AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	

If Other, Specify Other reason	
Dose level	Fixed Unit: mg/m ²

Calculated dose administered	Fixed Unit: mg
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What was the total volume prepared?	Fixed Unit: ml
-------------------------------------	----------------

What was the total volume administered (<i>Derived</i>)	
---	--

Formulation	Solution	☒
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Route	Intravenous	☒
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IF THE INFUSION WAS ABORTED THEN PROVIDE INFORMATION BELOW	Fixed Unit: mL
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What was the volume administered?	
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Name: 61186372NSC4018

Form: Pemetrexed dosing administration

SGEXNOW	
Actual Start Date	
Actual Start Time	
Actual End Date	
Actual End Time	
Infusion rate during this infusion episode	
Unit	mL/h
Action Taken during the infusion	Full Dose Administered Without Interruption or Rate Change ☐
	Infusion Aborted ☐
	Infusion Continued at same Rate ☐
	Infusion Interrupted ☐
	Infusion Rate Decreased ☐
	Infusion Rate Increased ☐
	Infusion Started ☐
If Action Taken was 'Infusion interrupted', 'Infusion Rate Decreased', or 'Infusion Aborted', specify	Adverse Event ☐
What was the reason for the action taken during the infusion?	Other ☐
If Adverse Event, choose the corresponding AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
If Other, Specify Other reason	
Indication	Metastatic Non-Small Cell Lung Cancer ☒

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Name: 61186372NSC4018

Form: Imaging Assessments

Body Part	Neck	☒
	Chest	☐
	Abdomen	☐
	Pelvis	☐
	Brain	☐
	Other	☐

If Other, Specify	
Was the body part assessed by imaging?	Yes ☐
	No ☐

Reason Not Done	
Method	CT Scan ☐
	MRI ☐
	PET/CT Scan ☐
	Other ☐

If Other, Specify	
Date of Assessment	

Body Part	Neck	☐
	Chest	☒
	Abdomen	☐
	Pelvis	☐
	Brain	☐
	Other	☐

If Other, Specify	
Was the body part assessed by imaging?	Yes ☐
	No ☐

Reason Not Done	
Method	CT Scan ☐
	MRI ☐
	PET/CT Scan ☐
	Other ☐

If Other, Specify	
Date of Assessment	

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61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Imaging Assessments

Body Part	Neck	☐
	Chest	☐
	Abdomen	☒
	Pelvis	☐
	Brain	☐
	Other	☐

If Other, Specify	
Was the body part assessed by imaging?	Yes ☐
	No ☐

Reason Not Done	
Method	CT Scan ☐
	MRI ☐
	PET/CT Scan ☐
	Other ☐

If Other, Specify	
Date of Assessment	

Body Part	Neck	☐
	Chest	☐
	Abdomen	☐
	Pelvis	☒
	Brain	☐
	Other	☐

If Other, Specify	
Was the body part assessed by imaging?	Yes ☐
	No ☐

Reason Not Done	
Method	CT Scan ☐
	MRI ☐
	PET/CT Scan ☐
	Other ☐

If Other, Specify	
Date of Assessment	

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61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Imaging Assessments

Body Part	Neck	☐
	Chest	☐
	Abdomen	☐
	Pelvis	☐
	Brain	☒
	Other	☐

If Other, Specify	
Was the body part assessed by imaging?	Yes ☐
	No ☐

Reason Not Done	
Method	CT Scan ☐
	MRI ☐
	PET/CT Scan ☐
	Other ☐

If Other, Specify	
Date of Assessment	

Body Part	Neck	☐
	Chest	☐
	Abdomen	☐
	Pelvis	☐
	Brain	☐
	Other	☒

If Other, Specify	
Was the body part assessed by imaging?	Yes ☐
	No ☐

Reason Not Done	
Method	CT Scan ☐
	MRI ☐
	PET/CT Scan ☐
	Other ☐

If Other, Specify	
Date of Assessment	

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61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Survival Data

Collection Date	
Origin of Survival Data	Site Visit ☐
	Contact via Telephone, Email or ☐
	Patient/Hospital Portal
	Public/Medical Records (if ☐
	allowed per Local Regulations)
Survival status	Alive ☐
	Dead ☐
	Unknown ☐
If Unknown	
Last date known to be alive	
Was any new symptomatic progression experienced since the last visit?	Yes ☐
	No ☐
If yes, report associated symptoms on the Lung Cancer Symptomatic Progression form under the Screening to end of study folder.	
Was any new malignancy diagnosed since last visit?	Yes ☐
	No ☐
	Unknown ☐
If yes, report the malignancy on the New Malignancies form under the Screening to end of study folder.	

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Name: 61186372NSC4018

Form: Tumor Assessment - New Lesions

Category	TUMOR ASSESSMENT
Type of Lesion	New Lesion Developed ☒ Post-Screening
Lesion Identifier	NEW01 ☐ NEW02 ☐ NEW03 ☐ NEW04 ☐ NEW05 ☐ NEW06 ☐ NEW07 ☐ NEW08 ☐ NEW09 ☐ NEW10 ☐ NEW11 ☐ NEW12 ☐ NEW13 ☐ NEW14 ☐ NEW15 ☐ NEW16 ☐ NEW17 ☐ NEW18 ☐ NEW19 ☐ NEW20 ☐
Is the lesion Nodal or Non-Nodal?	Nodal ☐ Non-Nodal ☐
Anatomical Location	Adrenal Gland ☐ Bone ☐ Brain ☐ Breast ☐ Central Nervous System ☐ Chest Wall ☐ Heart ☐ Kidney ☐

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61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Tumor Assessment - New Lesions

	Liver	☐
	Lung	☐
	Neck	☐
	Peritoneum	☐
	Prostate Gland	☐
	Pelvis	☐
	Pleura	☐
	Skin	☐
	Stomach	☐
	Aortopulmonary Window Lymph Node	☐
	Hilar Lymph Node	☐
	Interlobar Lymph Node	☐
	Lobar Lymph Node	☐
	Lymph Node	☐
	Mediastinal Lymph Node	☐
	Occipital Lymph Node	☐
	Para-Aortic Lymph Node	☐
	Paraoesophageal Lymph Node	☐
	Paratracheal Lymph Node	☐
	Parotid Gland Lymph Node	☐
	Pelvic Lymph Node	☐
	Perihilar Lymph Node	☐
	Peripancreatic Lymph Node	☐
	Popliteal Lymph Node	☐
	Portal Lymph Node	☐
	Posterior Cervical Lymph Node	☐
	Preauricular Lymph Node	☐
	Prevascular Lymph Node	☐
	Retrocrural Lymph Node	☐
	Retroperitoneal Lymph Node	☐
	Retrotracheal Lymph Node	☐
	Segmental Lymph Node	☐
	Splenic Hilar Lymph Node	☐

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61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Tumor Assessment - New Lesions

	Subaortic Lymph Node	☐
	Subcarinal Lymph Node	☐
	Submandibular Lymph Node	☐
	Subsegmental Lymph Node	☐
	Supraclavicular Lymph Node	☐
	Superficial Lymph Node	☐
	Thoracic Lymph Node	☐
	Upper Cervical Lymph Node	☐
	Other	☐
If Other, Specify		
Sub-location		
TUMOR ASSESSMENT INFO:		
Date of Assessment		
Method of Assessment	CT Scan	☐
	Spiral CT	☐
	MRI	☐
	PET/CT Scan	☐
	Bone Scan	☐
Tumor Status	Unequivocal	☐
	Equivocal	☐
	Not Confirmed by Repeat Assessment	☐
Comments		

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Tumor Tissue Biopsy Sample

Sample collection date	
Sample label name	
Original specimen type	Primary Lung Tumor ☐
	Metastatic Tumor ☐
Anatomical location of metastatic tumor	Adrenal Gland ☐
	Bone ☐
	Brain ☐
	Breast ☐
	Central Nervous System ☐
	Chest Wall ☐
	Heart ☐
	Kidney ☐
	Liver ☐
	Lung ☐
	Neck ☐
	Peritoneum ☐
	Prostate Gland ☐
	Pelvis ☐
	Pleura ☐
	Skin ☐
	Stomach ☐
	Aortopulmonary Window Lymph Node ☐
	Hilar Lymph Node ☐
	Interlobar Lymph Node ☐
	Lobar Lymph Node ☐
	Lymph Node ☐
	Mediastinal Lymph Node ☐
	Occipital Lymph Node ☐
	Para-Aortic Lymph Node ☐
	Paraoesophageal Lymph Node ☐
	Paratracheal Lymph Node ☐
	Parotid Gland Lymph Node ☐
	Pelvic Lymph Node ☐

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61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Tumor Tissue Biopsy Sample

	Perihilar Lymph Node	☐
	Peripancreatic Lymph Node	☐
	Popliteal Lymph Node	☐
	Portal Lymph Node	☐
	Posterior Cervical Lymph Node	☐
	Preauricular Lymph Node	☐
	Prevascular Lymph Node	☐
	Retrocrural Lymph Node	☐
	Retroperitoneal Lymph Node	☐
	Retrotracheal Lymph Node	☐
	Segmental Lymph Node	☐
	Splenic Hilar Lymph Node	☐
	Subaortic Lymph Node	☐
	Subcarinal Lymph Node	☐
	Submandibular Lymph Node	☐
	Subsegmental Lymph Node	☐
	Supraclavicular Lymph Node	☐
	Superficial Lymph Node	☐
	Thoracic Lymph Node	☐
	Upper Cervical Lymph Node	☐
	Other	☐
Other, Specify		
Collection method	Resection	☐
	Fine Needle Biopsy	☐
	Core Needle Biopsy	☐
	Other	☐
If Other, Specify		
Was tumor material from another tumor site sent to the Central lab?	Yes	☐
(Click 'Yes' to create a new form to report additional tumor tissue biopsy details)	No	☐
Now		

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61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: New Malignancies

Diagnosis	
Diagnosis Date	
Type of Malignancy Diagnosis	Recurrent Prior Diagnosed Malignancy ☐
	Second Primary Malignancy ☐

If Recurrence of a Prior Diagnosed Malignancy

Choose the corresponding MH log line and term

If Second Primary Malignancy was observed during the AE reporting period

Choose the corresponding AE log line, start date, and term

Was confirmation by pathology diagnosis obtained?	Yes ☐
	No ☐

If Yes, specify method	Biopsy ☐
	Aspirate ☐
	Surgical Resection ☐
	Cytology ☐
	Post Mortem ☐

Specify tissue or sample source (except if diagnosed Post Mortem)	
Specimen Description	
Stage of the Disease	0 ☐
	I ☐
	II ☐
	III ☐
	IV ☐
	Not Applicable ☐
	Unknown ☐

Staging System	
If the New Malignancy was not reported as Adverse Event, Specify	Fatal ☐
Outcome of Event	Recovered/Resolved ☐
	Not Recovered/Not Resolved ☐

Treatment summary, relevant to new malignancy only (check all that apply)

Systemic Therapy	
If Systemic Therapy is checked, specify regimen	
Regimen	

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Name: 61186372NSC4018

Form: New Malignancies

Curative Surgery	
Curative Radiotherapy	
Palliative Supportive Care	
No Treatment Started	
Unknown	

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Evaluation of Response (RECIST)

Category	RECIST 1.1
Target Lesion Response	Complete Response ☐
	Partial Response ☐
	Stable Disease ☐
	Progressive Disease ☐
	Not Applicable ☐
	Not All Evaluated ☐
If Not All Evaluated, specify _____	
Non-Target Lesion Response	Complete Response ☐
	Non-CR/Non-PD ☐
	Progressive Disease ☐
	Not Applicable ☐
	Not All Evaluated ☐
If Not All Evaluated, specify _____	
New Lesions	Yes ☐
	No ☐
Overall Response	Complete Response ☐
	Partial Response ☐
	Stable Disease ☐
	Progressive Disease ☐
	Non-CR/Non-PD ☐
	Not Evaluable ☐
Date of Procedure for Overall Response _____	

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Name: 61186372NSC4018

Form: Serology (Screening)

Was the sample collected? Yes ☐
No ☐

If Yes, was the collection date the same as the visit date? Yes ☐
No ☐

Collection Date

HIV Antibody Negative ☐
Positive ☐
Not Done ☐
Not Evaluable ☐

HCV Viral Load Negative ☐
Positive ☐
Not Done ☐
Not Evaluable ☐

Hepatitis C Virus Antibody Negative ☐
Positive ☐
Not Done ☐
Not Evaluable ☐

Hepatitis B Virus Surface Antibody Negative ☐
Positive ☐
Not Done ☐
Not Evaluable ☐

Hepatitis B Virus Surface Antigen Negative ☐
Positive ☐
Not Done ☐
Not Evaluable ☐

Hepatitis B Virus Core Antibody Negative ☐
Positive ☐
Not Done ☐
Not Evaluable ☐

HBV Viral Load Negative ☐
Positive ☐
Not Done ☐

61186372NSC4018 0.1 RW (30595)

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Serology (Screening)

	Not Evaluable	☐
SGLBNOW		

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Tumor Assessment - Target Lesions (Screening)

Category	TUMOR ASSESSMENT
Type of Lesion	Target Lesion ☒
	Non-Target Lesion ☐
	New ☐
Lesion Identifier	T01 ☐
	T02 ☐
	T03 ☐
	T04 ☐
	T05 ☐
Is the lesion Nodal or Non-Nodal?	Nodal ☐
	Non-Nodal ☐
Anatomical Location	Adrenal Gland ☐
	Bone ☐
	Brain ☐
	Breast ☐
	Central Nervous System ☐
	Chest Wall ☐
	Heart ☐
	Kidney ☐
	Liver ☐
	Lung ☐
	Neck ☐
	Peritoneum ☐
	Prostate Gland ☐
	Pelvis ☐
	Pleura ☐
	Skin ☐
	Stomach ☐
	Aortopulmonary Window Lymph Node ☐
	Hilar Lymph Node ☐
	Interlobar Lymph Node ☐
	Lobar Lymph Node ☐

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61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Tumor Assessment - Target Lesions (Screening)

	Lymph Node	☐
	Mediastinal Lymph Node	☐
	Occipital Lymph Node	☐
	Para-Aortic Lymph Node	☐
	Paraoesophageal Lymph Node	☐
	Paratracheal Lymph Node	☐
	Parotid Gland Lymph Node	☐
	Pelvic Lymph Node	☐
	Perihilar Lymph Node	☐
	Peripancreatic Lymph Node	☐
	Popliteal Lymph Node	☐
	Portal Lymph Node	☐
	Posterior Cervical Lymph Node	☐
	Preauricular Lymph Node	☐
	Prevascular Lymph Node	☐
	Retrocrural Lymph Node	☐
	Retroperitoneal Lymph Node	☐
	Retrotracheal Lymph Node	☐
	Segmental Lymph Node	☐
	Splenic Hilar Lymph Node	☐
	Subaortic Lymph Node	☐
	Subcarinal Lymph Node	☐
	Submandibular Lymph Node	☐
	Subsegmental Lymph Node	☐
	Supraclavicular Lymph Node	☐
	Superficial Lymph Node	☐
	Thoracic Lymph Node	☐
	Upper Cervical Lymph Node	☐
	Other	☐

If Other, Specify	
Sub-location	

TUMOR ASSESSMENT INFO:

Date of Assessment	
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Name: 61186372NSC4018

Form: Tumor Assessment - Target Lesions (Screening)

Method of Assessment	CT Scan ☐
	Spiral CT ☐
	MRI ☐
	PET/CT Scan ☐
	Bone Scan ☐

If Non-Nodal, indicate: Longest Diameter	Fixed Unit: mm
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Unit	Millimeter ☒
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If Nodal, indicate: Short Axis	Fixed Unit: mm
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Unit	Millimeter ☒
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Comments	
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61186372NSC4018 0.1 RW: Unique Forms Project Name:
61186372NSC4018
Form: Tumor Assessment - Non-Target Lesions (Screening)

Category	TUMOR ASSESSMENT
Type of Lesion	Target Lesion ☐ Non-Target Lesion ☒ New ☐
Lesion Identifier	NT01 ☐ NT02 ☐ NT03 ☐ NT04 ☐ NT05 ☐ NT06 ☐ NT07 ☐ NT08 ☐ NT09 ☐ NT10 ☐ NT11 ☐ NT12 ☐ NT13 ☐ NT14 ☐ NT15 ☐ NT16 ☐ NT17 ☐ NT18 ☐ NT19 ☐ NT20 ☐
Anatomical Location	Adrenal Gland ☐ Bone ☐ Brain ☐ Breast ☐ Central Nervous System ☐ Chest Wall ☐ Heart ☐ Kidney ☐ Liver ☐

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Form: Tumor Assessment - Non-Target Lesions (Screening)

	Lung	☐
	Neck	☐
	Peritoneum	☐
	Prostate Gland	☐
	Pelvis	☐
	Pleura	☐
	Skin	☐
	Stomach	☐
	Aortopulmonary Window Lymph Node	☐
	Hilar Lymph Node	☐
	Interlobar Lymph Node	☐
	Lobar Lymph Node	☐
	Lymph Node	☐
	Mediastinal Lymph Node	☐
	Occipital Lymph Node	☐
	Para-Aortic Lymph Node	☐
	Paraesophageal Lymph Node	☐
	Paratracheal Lymph Node	☐
	Parotid Gland Lymph Node	☐
	Pelvic Lymph Node	☐
	Perihilar Lymph Node	☐
	Peripancreatic Lymph Node	☐
	Popliteal Lymph Node	☐
	Portal Lymph Node	☐
	Posterior Cervical Lymph Node	☐
	Preauricular Lymph Node	☐
	Prevascular Lymph Node	☐
	Retrocrural Lymph Node	☐
	Retroperitoneal Lymph Node	☐
	Retrotracheal Lymph Node	☐
	Segmental Lymph Node	☐
	Splenic Hilar Lymph Node	☐
	Subaortic Lymph Node	☐

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Form: Tumor Assessment - Non-Target Lesions (Screening)

	Subcarinal Lymph Node	☐
	Submandibular Lymph Node	☐
	Subsegmental Lymph Node	☐
	Supraclavicular Lymph Node	☐
	Superficial Lymph Node	☐
	Thoracic Lymph Node	☐
	Upper Cervical Lymph Node	☐
	Other	☐
If Other, Specify		
Number of lesions in this organ	Multiple	☐
	Single	☐
Sub-location		
TUMOR ASSESSMENT INFO:		
Date of Assessment		
Method of Assessment	CT Scan	☐
	Spiral CT	☐
	MRI	☐
	PET/CT Scan	☐
	Bone Scan	☐
Tumor Status	Present	☒
	Absent	☐
	Unequivocal Progression	☐
Comments		

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61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Tumor Assessment - Target Lesions

Category	TUMOR ASSESSMENT
Type of Lesion	Target Lesion ☒
	Non-Target Lesion ☐
	New ☐
Lesion Identifier	T01 ☐
	T02 ☐
	T03 ☐
	T04 ☐
	T05 ☐
Is the lesion Nodal or Non-Nodal?	Nodal ☐
	Non-Nodal ☐
Anatomical Location	Adrenal Gland ☐
	Bone ☐
	Brain ☐
	Breast ☐
	Central Nervous System ☐
	Chest Wall ☐
	Heart ☐
	Kidney ☐
	Liver ☐
	Lung ☐
	Neck ☐
	Peritoneum ☐
	Prostate Gland ☐
	Pelvis ☐
	Pleura ☐
	Skin ☐
	Stomach ☐
	Aortopulmonary Window Lymph Node ☐
	Hilar Lymph Node ☐
	Interlobar Lymph Node ☐
	Lobar Lymph Node ☐

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Name: 61186372NSC4018

Form: Tumor Assessment - Target Lesions

	Lymph Node	☐
	Mediastinal Lymph Node	☐
	Occipital Lymph Node	☐
	Para-Aortic Lymph Node	☐
	Paraoesophageal Lymph Node	☐
	Paratracheal Lymph Node	☐
	Parotid Gland Lymph Node	☐
	Pelvic Lymph Node	☐
	Perihilar Lymph Node	☐
	Peripancreatic Lymph Node	☐
	Popliteal Lymph Node	☐
	Portal Lymph Node	☐
	Posterior Cervical Lymph Node	☐
	Preauricular Lymph Node	☐
	Prevascular Lymph Node	☐
	Retrocrural Lymph Node	☐
	Retroperitoneal Lymph Node	☐
	Retrotracheal Lymph Node	☐
	Segmental Lymph Node	☐
	Splenic Hilar Lymph Node	☐
	Subaortic Lymph Node	☐
	Subcarinal Lymph Node	☐
	Submandibular Lymph Node	☐
	Subsegmental Lymph Node	☐
	Supraclavicular Lymph Node	☐
	Superficial Lymph Node	☐
	Thoracic Lymph Node	☐
	Upper Cervical Lymph Node	☐
	Other	☐

If Other, Specify	
Sub-location	

TUMOR ASSESSMENT INFO:

Date of Assessment	
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61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Tumor Assessment - Target Lesions

Method of Assessment	CT Scan ☐
	Spiral CT ☐
	MRI ☐
	PET/CT Scan ☐
	Bone Scan ☐
If Non-Nodal, indicate: Longest Diameter	Fixed Unit: mm
Unit	Millimeter ☒
Too small to measure	
If Nodal, indicate: Short Axis	Fixed Unit: mm
Unit	Millimeter ☒
Too small to measure	
Not Evaluable	
Reason Not Evaluable	
Did the tumor split or coalesce?	No ☐
	Tumor Split or Divided ☐
	Tumor Merged or Coalesced ☐
If tumor merged, specify the lesion identifier of the other tumor	T01 ☐
	T02 ☐
	T03 ☐
	T04 ☐
	T05 ☐
	NT01 ☐
	NT02 ☐
	NT03 ☐
	NT04 ☐
	NT05 ☐
	NT06 ☐
	NT07 ☐
	NT08 ☐

61186372NSC4018 0.1 RW (30595)

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Name: 61186372NSC4018

Form: Tumor Assessment - Target Lesions

	NT09	☐
	NT10	☐
	NT11	☐
	NT12	☐
	NT13	☐
	NT14	☐
	NT15	☐
	NT16	☐
	NT17	☐
	NT18	☐
	NT19	☐
	NT20	☐
	NEW01	☐
	NEW02	☐
	NEW03	☐
	NEW04	☐
	NEW05	☐
	NEW06	☐
	NEW07	☐
	NEW08	☐
	NEW09	☐
	NEW10	☐
	NEW11	☐
	NEW12	☐
	NEW13	☐
	NEW14	☐
	NEW15	☐
	NEW16	☐
	NEW17	☐
	NEW18	☐
	NEW19	☐
	NEW20	☐

Comments

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Tumor Assessment - Non-Target Lesions

Category	TUMOR ASSESSMENT
Type of Lesion	Target Lesion ☐
	Non-Target Lesion ☒
	New ☐
Lesion Identifier	NT01 ☐
	NT02 ☐
	NT03 ☐
	NT04 ☐
	NT05 ☐
	NT06 ☐
	NT07 ☐
	NT08 ☐
	NT09 ☐
	NT10 ☐
	NT11 ☐
	NT12 ☐
	NT13 ☐
	NT14 ☐
	NT15 ☐
	NT16 ☐
	NT17 ☐
	NT18 ☐
	NT19 ☐
	NT20 ☐
Anatomical Location	Adrenal Gland ☐
	Bone ☐
	Brain ☐
	Breast ☐
	Central Nervous System ☐
	Chest Wall ☐
	Heart ☐
	Kidney ☐
	Liver ☐

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Name: 61186372NSC4018

Form: Tumor Assessment - Non-Target Lesions

	Lung	☐
	Neck	☐
	Peritoneum	☐
	Prostate Gland	☐
	Pelvis	☐
	Pleura	☐
	Skin	☐
	Stomach	☐
	Aortopulmonary Window Lymph Node	☐
	Hilar Lymph Node	☐
	Interlobar Lymph Node	☐
	Lobar Lymph Node	☐
	Lymph Node	☐
	Mediastinal Lymph Node	☐
	Occipital Lymph Node	☐
	Para-Aortic Lymph Node	☐
	Paraesophageal Lymph Node	☐
	Paratracheal Lymph Node	☐
	Parotid Gland Lymph Node	☐
	Pelvic Lymph Node	☐
	Perihilar Lymph Node	☐
	Peripancreatic Lymph Node	☐
	Popliteal Lymph Node	☐
	Portal Lymph Node	☐
	Posterior Cervical Lymph Node	☐
	Preauricular Lymph Node	☐
	Prevascular Lymph Node	☐
	Retrocrural Lymph Node	☐
	Retroperitoneal Lymph Node	☐
	Retrotracheal Lymph Node	☐
	Segmental Lymph Node	☐
	Splenic Hilar Lymph Node	☐
	Subaortic Lymph Node	☐

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Name: 61186372NSC4018

Form: Tumor Assessment - Non-Target Lesions

	Subcarinal Lymph Node	☐
	Submandibular Lymph Node	☐
	Subsegmental Lymph Node	☐
	Supraclavicular Lymph Node	☐
	Superficial Lymph Node	☐
	Thoracic Lymph Node	☐
	Upper Cervical Lymph Node	☐
	Other	☐
If Other, Specify		
Number of lesions in this organ	Multiple	☐
	Single	☐
Sub-location		
TUMOR ASSESSMENT INFO:		
Date of Assessment		
Method of Assessment	CT Scan	☐
	Spiral CT	☐
	MRI	☐
	PET/CT Scan	☐
	Bone Scan	☐
Tumor Status	Present	☐
	Absent	☐
	Unequivocal Progression	☐
Not Evaluable		
Reason Not Evaluable		
Comments		

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Adverse Events/Serious AEs

NOW

What is the adverse event term?

Is this an AE of special interest as per protocol?

Yes ☐

No ☐

Specify the event type (Check all that apply)

Infusion-related reactions

Rash

Pneumonitis / ILD

Start Date

Start Time

End Date

End Time

Toxicity Grade

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

Action Taken with Amivantamab

Dose Not Changed ☐

Dose Reduced ☐

Drug Interrupted ☐

Drug Withdrawn ☐

Not Applicable (select only if AE
occurs outside of treatment
period) ☐

Unknown ☐

Action Taken with Carboplatin

Dose Not Changed ☐

Dose Reduced ☐

Drug Interrupted ☐

Drug Withdrawn ☐

Not Applicable (select only if AE
occurs outside of treatment
period) ☐

Unknown ☐

Action Taken with Pemetrexed

Dose Not Changed ☐

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61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Adverse Events/Serious AEs

	Dose Reduced	☐
	Drug Interrupted	☐
	Drug Withdrawn	☐
	Not Applicable (select only if AE occurs outside of treatment period)	☐
	Unknown	☐
Action Taken with Subject Not Randomized/Screen Failure	Not Applicable	☒
Concomitant or additional therapy given for this adverse event?	Yes	☐
	No	☐
	Unknown	☐
Was this an infusion reaction associated with Amivantamab?	Yes	☐
	No	☐
	Not Applicable	☐
	Unknown	☐
Was this an infusion reaction associated with Carboplatin?	Yes	☐
	No	☐
	Not Applicable	☐
	Unknown	☐
Was this an infusion reaction associated with Pemetrexed?	Yes	☐
	No	☐
	Not Applicable	☐
	Unknown	☐
Relationship to Amivantamab	Not Related	☐
	Related	☐
Relationship to Carboplatin	Not Related	☐
	Related	☐
Relationship to Pemetrexed	Not Related	☐
	Related	☐
Relationship to Subject Not Randomized/Screen Failure	Not Related	☒
Outcome	Fatal	☐
	Not Recovered or Not Resolved	☐

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61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Adverse Events/Serious AEs

	Recovered or Resolved	☐
	Recovered or Resolved with Sequelae	☐
	Recovering or Resolving	☐
	Unknown	☐
If Not recovered or Not resolved, has the event stabilized?	Yes	☐
	No	☐
	Unknown	☐
If yes, date of stabilization _____		
Is the adverse event serious?	Yes	☐
	No	☐
The following information should be completed ONLY for Serious Adverse Events		
Date Investigator/Investigational Staff became aware of SAE	_____	
Case ID	New ☐	
Age at onset of SAE	_____	
Age unit	Hours	☐
	Days	☐
	Weeks	☐
	Months	☐
	Years	☒
Is SAE related to any trial procedure not including study agent therapy? If yes, specify the specific trial procedure in the narrative	Yes	☐
	No	☐
Congenital Anomaly or Birth Defect	Yes	☐
	No	☐
Persistent or significant disability/incapacity	Yes	☐
	No	☐
Death	Yes	☐
	No	☐
Date of death _____		
Was autopsy performed? (if applicable)	Yes	☐
	No	☐
Prolonged Hospitalization	Yes	☐

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Name: 61186372NSC4018

Form: Adverse Events/Serious AEs

	No ☐
Required Hospitalization	Yes ☐
	No ☐
If event required or prolonged hospitalization, specify admission date _____	
Hospital discharge date _____	
Life Threatening	Yes ☐
	No ☐
Other Medically Important Event	Yes ☐
	No ☐
Other Medically Important Event Specification _____	
Did the subject receive any study agent?	Yes ☐
	No ☐
Is the SAE an infection?	Yes ☐
	No ☐
<i>The following information should be completed ONLY if the SAE is an infection</i>	Yes ☐
Is the infection opportunistic?	No ☐
	Unknown ☐
Is the pathogen known?	Yes ☐
	No ☐
	Unknown ☐
<i>In case of Yes,</i>	
Pathogen _____	
Identification method _____	
Pathogen Type	Bacterial ☐
	Fungal ☐
	Parasitic ☐
	Prion ☐
	Protozoal ☐
	Viral ☐
If viral, is the infection new or reactivated?	New ☐
	Reactivation ☐

61186372NSC4018 0.1 RW (30595)

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Adverse Events/Serious AEs

Is the infection localized or disseminated?	Disseminated (Generalized) ☐
	Localized ☐

61186372NSC4018 0.1 RW: Unique Forms Project**Name: 61186372NSC4018****Form: Concomitant Therapy**

SGCMNOW	29 Jan 2024 11:41:01
NOW	
Medication/Therapy Category	GENERAL CONMED
Medication or Therapy	
Indication	Adverse Event ☐
	Medical History ☐
	Prophylaxis ☐
	Other ☐
If indication is 'Adverse Event,' choose the primary corresponding AE log line(s), start date(s), and term(s) AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
If indication is 'Medical History,' choose the primary corresponding MH log line(s) and term(s) MH log line and term	
MH log line and term	
MH log line and term	
MH log line and term	
MH log line and term	
If indication specification is 'Prophylaxis' or 'Other', specify	
Dose	
Dose Unit	Application ☐
	Capsule ☐
	Drop ☐
	Fingertip ☐
	Gram ☐
	Implant ☐
	International Unit ☐
	Liter ☐
	Milliequivalent ☐
	Microgram ☐
	Microliter ☐

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61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Concomitant Therapy

	Milligram	☐
	Milligram per Kilogram	☐
	Milligram per Square Meter	☐
	Milliliter	☐
	Patch	☐
	Puff	☐
	Sachet	☐
	Spray	☐
	Tablespoon	☐
	Tablet	☐
	Teaspoon	☐
	Unit	☐
	Vial	☐
	Other	☐
Dose Form	Aerosol	☐
	Capsule	☐
	Cream	☐
	Delayed Release Capsule	☐
	Delayed Release Tablet	☐
	Extended Release Capsule	☐
	Extended Release Tablet	☐
	For Solution	☐
	For Suspension	☐
	Gel	☐
	Implant	☐
	Inhalant	☐
	Injectable	☐
	Liquid	☐
	Lotion	☐
	Mouthwash	☐
	Ointment	☐
	Patch	☐
	Powder	☐

61186372NSC4018 0.1 RW (30595)

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Concomitant Therapy

	Shampoo	☐
	Solution	☐
	Soap	☐
	Spray	☐
	Suppository	☐
	Suspension	☐
	Syrup	☐
	Tablet	☐
	Tape	☐
	Unassigned	☐
	Not Applicable	☐
	Unknown	☐
Route	Auricular	☐
	Inhalation	☐
	Intralesional	☐
	Intramuscular	☐
	Intravenous	☐
	Nasal	☐
	Nasogastric	☐
	Ophthalmic	☐
	Oral	☐
	Parenteral	☐
	Rectal	☐
	Retrobulbar	☐
	Subcutaneous	☐
	Sublingual	☐
	Topical	☐
	Transdermal	☐
	Not Applicable	☐
	Unknown	☐
	Other	☐
Frequency	Once	☐
	Infrequent	☐

61186372NSC4018 0.1 RW (30595)

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Concomitant Therapy

	As Necessary	☐
	Continue	☐
	Daily	☐
	Twice Daily	☐
	Three Times Daily	☐
	Four Times Daily	☐
	Every Other Day	☐
	Weekly	☐
	Twice Weekly	☐
	Three Times Weekly	☐
	Four Times Weekly	☐
	Every Two Weeks	☐
	Every Four Weeks	☐
	Monthly	☐
	Twice Per Month	☐
	Every Three Months	☐
	Thrice	☐
	Unknown	☐
	Other	☐
Start Date		
If Start Date is entirely or partially unknown:	Yes	☐
Was the medication/therapy taken prior to the study?	No	☐
End Date		
Is the medication/therapy still ongoing?		
Derived Indication		

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Trial Disposition (Completion/ Discontinuation)

This form should only be completed at End of Data Collection

Category DISPOSITION EVENT ☒

Subcategory TRIAL

What was the subject's status? Completed ☐
Discontinued ☐
Screen Failure ☐

Disposition Date

What was the subject's primary reason for screen failure? Adverse Event ☐
Death ☐
Failure to Meet Eligibility ☐
Criteria ☐
Lost to Follow-Up ☐
Pregnancy ☐
Progressive Disease ☐
Site Terminated by Sponsor ☐
Study Terminated by Sponsor ☐
Withdrawal by Legally ☐
Authorized Representative ☐
Withdrawal by Parent or ☐
Guardian ☐
Withdrawal by Subject ☐
Other ☐

What was the subject's primary reason for trial discontinuation/completion? Death ☐
Lost to Follow-Up ☐
Site Terminated by Sponsor ☐
Study Terminated by Sponsor ☐
Withdrawal by Parent or ☐
Guardian ☐
Withdrawal by Subject ☐

If Adverse Event, choose corresponding AE log line, start date, and term

AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	

61186372NSC4018 0.1 RW (30595)

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Trial Disposition (Completion/ Discontinuation)

If Withdrawal by Parent or Guardian, Specify	
If Withdrawal by Subject, Specify	
If Other, Specify	
Following date fields are used for CTMS	
Completed Date (CTMS field)	
Discontinued Date (CTMS field)	
Screen Failed Date (CTMS field)	
NOLOCK	

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Local Chemistry

Lab Name:

Panel CHEMISTRY

Was the sample collected? Yes ☐
No ☐

If Yes, was the collection date the same as the visit date? Yes ☐
No ☐

Collection Date

Collection Time

Sodium

Potassium

Blood Urea Nitrogen

Creatinine

Glucose

Total Bilirubin

Direct Bilirubin

Indirect Bilirubin

Aspartate Aminotransferase (AST)

Alanine Aminotransferase (ALT)

Gamma-Glutamyltransferase (GGT)

Alkaline Phosphatase

Lactic Acid Dehydrogenase (LDH)

Calcium

Phosphate

Magnesium

Total Protein

Albumin

SGLBNOW 29 Jan 2024 11:41:01

61186372NSC4018 0.1 RW (30595)

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Local Urinalysis

Lab Name:

Panel URINALYSIS

Was the sample collected? Yes ☐
No ☐

If Yes, was the collection date the same as the visit date? Yes ☐
No ☐

Collection Date

Collection Time

Microscopy (Ranges not collected) Absent ☐

Casts Present ☐

If Present, Casts Normal Indicator Abnormal ☐
Normal ☐

Crystals Absent ☐
Present ☐

If Present, Crystals Normal Indicator Abnormal ☐
Normal ☐

Dipstick

Specific Gravity

Leukocyte Esterase

Nitrite

pH

Blood

Protein

Glucose

Ketones

Urobilinogen

Bilirubin

Microscopy (with Ranges)

Epithelial Cells

Leukocytes

Erythrocytes

Bacteria

61186372NSC4018 0.1 RW (30595)

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Local Urinalysis

Lab Name:

SGLBNOW

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Local Hematology

Panel	HEMATOLOGY
Was the sample collected?	Yes ☐
	No ☐
If Yes, was the collection date the same as the visit date?	Yes ☐
	No ☐
Collection Date	
Collection Time	
White blood cell (WBC) count	
Unit	/mm3 ☐
	giga/l ☐
	x10E3/mm3 ☐
	x10E3/ul ☐
	x10E6/L ☐
	x10E6/mL ☐
	x10E9/L ☐
Absolute neutrophil count	
Unit	/mm3 ☐
	giga/l ☐
	x10E3/mm3 ☐
	x10E3/ul ☐
	x10E6/mL ☐
	x10E9/L ☐
	% ☐
	Fraction ☐
Lymphocytes	
Unit	/mm3 ☐
	giga/l ☐
	x10E3/mm3 ☐
	x10E3/ul ☐
	x10E6/L ☐
	x10E6/mL ☐
	x10E9/L ☐
	% ☐

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Name: 61186372NSC4018

Form: Local Hematology

	Fraction	☐
Monocytes		
Unit	/mm3	☐
	giga/l	☐
	x10E3/mm3	☐
	x10E3/ul	☐
	x10E6/L	☐
	x10E6/mL	☐
	x10E9/L	☐
	%	☐
	Fraction	☐
Eosinophils		
Unit	/mm3	☐
	giga/l	☐
	x10E3/mm3	☐
	x10E3/ul	☐
	x10E6/mL	☐
	x10E9/L	☐
	%	☐
	Fraction	☐
Basophils		
Unit	/mm3	☐
	giga/l	☐
	x10E3/mm3	☐
	x10E3/ul	☐
	x10E6/mL	☐
	x10E9/L	☐
	%	☐
	Fraction	☐
Blasts		
Unit	/mm3	☐
	giga/l	☐
	x10E3/mm3	☐

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61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Local Hematology

	x10E3/ul	
	x10E6/mL	
	x10E9/L	
	%	
	Fraction	
Hemoglobin		
Unit	g/L	
	g/dL	
	mg/dL	
	mmol/L	
Platelet Count		
Unit	/mm3	
	giga/l	
	x10E3/mm3	
	x10E3/ul	
	x10E6/L	
	x10E6/mL	
	x10E9/L	
MCV		
Unit	um3	
	fL	
SGLBNOW		

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Local Coagulation Tests

Lab Name:

Panel COAGULATION

Was the sample collected? Yes ☐

No ☐

If Yes, was the collection date the same as the visit date? Yes ☐

No ☐

Collection Date

Collection Time

Coagulation

Activated Partial Thromboplastin Time (aPTT)

International Normalized Ratio (INR)

Prothrombin Time (PT)

SGLBNOW

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Vital Signs

Were vital signs collected? Yes ☐
No ☐

If Yes, was the assessment date the same as the visit date? Yes ☐
No ☐

Date _____

Planned Time point Prior to infusion ☐
During infusion ☐
End of infusion ☐

Time _____

Weight kg ☐
lb ☐

Temperature C ☐
F ☐

Temperature Anatomical Location Axillary ☐
Ear ☐
Forehead ☐
Oral ☐

Position Supine ☐
Sitting ☒

Pulse Fixed Unit: beats/min

Pulse unit beats/min ☒

Systolic Blood Pressure Fixed Unit: mmHg

SBP unit mmHg ☒

Diastolic Blood Pressure Fixed Unit: mmHg

DBP unit mmHg ☒

Respiratory Rate Fixed Unit: breaths/min

Respiratory Rate unit breaths/min ☒

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61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Vital Signs

Oxygen Saturation (Pulse Oximetry)	Fixed Unit: %
Unit	% ☒
Was oxygen saturation measured on room air?	Yes ☐
	No ☐

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Name: 61186372NSC4018

Form: Echocardiogram/ Muga Results

Was the Echocardiogram or MUGA performed? Yes ☐
No ☐
Not Applicable ☐
Unknown ☐

Reason Not Done _____

Date of Assessment _____

Method of Assessment Echocardiography ☐
MUGA Scan ☐

Left Ventricular Ejection Fraction Fixed Unit: %

Units %

Overall Interpretation Abnormal ☐
Normal ☐
Not Evaluable ☐

If 'Overall Interpretation' = Abnormal Yes ☐

Clinically Significant No ☐

If Clinically Significant is Yes

If Medical History Condition, choose the corresponding MH log line and term

MH log line and term _____

MH log line and term _____

MH log line and term _____

MH log line and term _____

If Adverse Event, choose the corresponding AE log line, start date, and term

AE log line, start date, and term _____

AE log line, start date, and term _____

AE log line, start date, and term _____

AE log line, start date, and term _____

61186372NSC4018 0.1 RW (30595)

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: ECG Results

Planned Time point	SCREENING
Was the ECG performed?	Yes ☐
	No ☐
If Yes, was the collection date the same as the visit date?	Yes ☐
	No ☐
Method	12 Lead Standard ☒
Subject Position	Supine ☒
	Sitting ☐
ECG Date	
ECG Time	
Overall Interpretation	Normal ☐
	Abnormal ☐
	Not Evaluable ☐
If 'Interpretation' = Abnormal	Yes ☐
	No ☐
Clinically significant	
If 'Abnormal', Specify:	
If Clinically Significant is Yes	
If Medical History Condition, choose the corresponding Medical History log line(s) and term(s)	
MH log line and term	
MH log line and term	
MH log line and term	
MH log line and term	
MH log line and term	
If Adverse Event, choose the primary corresponding AE log line(s), start date(s), and term(s)	
AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
Was another unscheduled ECG performed on this same day?	Yes ☐
	No ☐
Test Name	ECG Mean Heart Rate ☒
61186372NSC4018 0.1 RW (30595)	

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: ECG Results

	Aggregate PR Interval	☐
	Aggregate QT Interval	☐
	Aggregate QRS Duration	☐
	Aggregate RR Interval	☐
	QRS Axis	☐
	Aggregate QTCF Interval	☐

Result

Unit	degrees	☐
	msec	☐
	beats/min	☒

Test Name	ECG Mean Heart Rate	☐
	Aggregate PR Interval	☒
	Aggregate QT Interval	☐
	Aggregate QRS Duration	☐
	Aggregate RR Interval	☐
	QRS Axis	☐
	Aggregate QTCF Interval	☐

Result

Unit	degrees	☐
	msec	☒
	beats/min	☐

Test Name	ECG Mean Heart Rate	☐
	Aggregate PR Interval	☐
	Aggregate QT Interval	☒
	Aggregate QRS Duration	☐
	Aggregate RR Interval	☐
	QRS Axis	☐
	Aggregate QTCF Interval	☐

Result

Unit	degrees	☐
	msec	☒
	beats/min	☐

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61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: ECG Results

Test Name	ECG Mean Heart Rate	☐
	Aggregate PR Interval	☐
	Aggregate QT Interval	☐
	Aggregate QRS Duration	☒
	Aggregate RR Interval	☐
	QRS Axis	☐
	Aggregate QTCF Interval	☐

Result	
Unit	degrees ☐
	msec ☒
	beats/min ☐

Test Name	ECG Mean Heart Rate	☐
	Aggregate PR Interval	☐
	Aggregate QT Interval	☐
	Aggregate QRS Duration	☐
	Aggregate RR Interval	☒
	QRS Axis	☐
	Aggregate QTCF Interval	☐

Result	
Unit	degrees ☐
	msec ☒
	beats/min ☐

Test Name	ECG Mean Heart Rate	☐
	Aggregate PR Interval	☐
	Aggregate QT Interval	☐
	Aggregate QRS Duration	☐
	Aggregate RR Interval	☐
	QRS Axis	☒
	Aggregate QTCF Interval	☐

Result	
Unit	degrees ☒
	msec ☐

61186372NSC4018 0.1 RW (30595)

61186372NSC4018 0.1 RW: Unique Forms Project
Name: 61186372NSC4018
Form: ECG Results

	beats/min	☐
Test Name	ECG Mean Heart Rate	☐
	Aggregate PR Interval	☐
	Aggregate QT Interval	☐
	Aggregate QRS Duration	☐
	Aggregate RR Interval	☐
	QRS Axis	☐
	Aggregate QTCF Interval	☒
Result		
Unit	degrees	☐
	msec	☒
	beats/min	☐

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Triplicate ECG Results

	beats/min	
2		

ECG Time	
Test Name	ECG Mean Heart Rate
	Aggregate PR Interval
	Aggregate QRS Interval
	Aggregate QT Interval
	Aggregate QTCF Interval <input checked="" type="text"/>

Result	
Units	degrees
	msec <input checked="" type="text"/>
	beats/min
3	

ECG Time	
Test Name	ECG Mean Heart Rate <input checked="" type="text"/>
	Aggregate PR Interval
	Aggregate QRS Interval
	Aggregate QT Interval
	Aggregate QTCF Interval

Result	
Units	degrees
	msec
	beats/min <input checked="" type="text"/>
3	

ECG Time	
Test Name	ECG Mean Heart Rate
	Aggregate PR Interval <input checked="" type="text"/>
	Aggregate QRS Interval
	Aggregate QT Interval
	Aggregate QTCF Interval

Result	
Units	degrees

61186372NSC4018 0.1 RW (30595)

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Triplicate ECG Results

	msec	☒
	beats/min	☐
		3

ECG Time	
Test Name	ECG Mean Heart Rate ☐
	Aggregate PR Interval ☐
	Aggregate QRS Interval ☐
	Aggregate QT Interval ☒
	Aggregate QTCF Interval ☐

Result		
Units	degrees ☐	
	msec ☒	
	beats/min ☐	
		3

ECG Time	
Test Name	ECG Mean Heart Rate ☐
	Aggregate PR Interval ☐
	Aggregate QRS Interval ☒
	Aggregate QT Interval ☐
	Aggregate QTCF Interval ☐

Result		
Units	degrees ☐	
	msec ☒	
	beats/min ☐	
		3

ECG Time	
Test Name	ECG Mean Heart Rate ☐
	Aggregate PR Interval ☐
	Aggregate QRS Interval ☐
	Aggregate QT Interval ☐
	Aggregate QTCF Interval ☒

Result	
--------	--

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61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Triplicate ECG Results

Units	degrees	☐
	msec	☒
	beats/min	☐

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Relevant Study Medication

	Milligram	☐
	Milligram per Kilogram	☐
	Milligram per Square Meter	☐
	Milliliter	☐
	Patch	☐
	Puff	☐
	Sachet	☐
	Spray	☐
	Tablespoon	☐
	Tablet	☐
	Teaspoon	☐
	Unit	☐
	Vial	☐
	Other	☐

Dose Frequency**	Once	☐
	Infrequent	☐
	As Necessary	☐
	Continue	☐
	Daily	☐
	Twice Daily	☐
	Three Times Daily	☐
	Four Times Daily	☐
	Every Other Day	☐
	Weekly	☐
	Twice Weekly	☐
	Three Times Weekly	☐
	Four Times Weekly	☐
	Every Two Weeks	☐
	Every Four Weeks	☐
	Monthly	☐
	Twice Per Month	☐
	Every Three Months	☐
	Thrice	☐

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61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Relevant Study Medication

	Unknown	☐
	Other	☐
Dose Form	Aerosol	☐
	Capsule	☐
	Cream	☐
	Delayed Release Capsule	☐
	Delayed Release Tablet	☐
	Extended Release Capsule	☐
	Extended Release Tablet	☐
	For Solution	☐
	For Suspension	☐
	Gel	☐
	Implant	☐
	Inhalant	☐
	Injectable	☐
	Liquid	☐
	Lotion	☐
	Mouthwash	☐
	Ointment	☐
	Patch	☐
	Powder	☐
	Shampoo	☐
	Solution	☐
	Soap	☐
	Spray	☐
	Suppository	☐
	Suspension	☐
	Syrup	☐
	Tablet	☐
	Tape	☐
	Unassigned	☐
	Not Applicable	☐
	Unknown	☐

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61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Relevant Study Medication

Route	Auricular	☐
	Inhalation	☐
	Intralesional	☐
	Intramuscular	☐
	Intravenous	☐
	Nasal	☐
	Nasogastric	☐
	Ophthalmic	☐
	Oral	☐
	Parenteral	☐
	Rectal	☐
	Retrobulbar	☐
	Subcutaneous	☐
	Sublingual	☐
	Topical	☐
	Transdermal	☐
	Not Applicable	☐
	Unknown	☐
	Other	☐

Select to include in Safety Case	
Case ID	
Source Form Name	
Source Form OID	

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: ECOG Performance Status

Category	ECOG
Evaluator	INVESTIGATOR
Was the questionnaire completed?	Yes ☐
	No ☐
If Yes, was the completion date the same as the visit date?	Yes ☐
	No ☐
Completion Date	
Grade	0 ☐
	1 ☐
	2 ☐
	3 ☐
	4 ☐
	5 ☐

61186372NSC4018 0.1 RW: Unique Forms**Project Name: 61186372NSC4018****Form: Treatment Disposition (End of treatment) for Amivantamab**

Category	DISPOSITION EVENT ☒
Subcategory	TREATMENT
What was the subject's status?	Completed ☐ Discontinued ☐
Treatment Disposition Date	
What was the subject's primary reason for treatment discontinuation?	Adverse Event ☐ Complete Response/ Remission ☐ Death ☐ Lost to Follow-Up ☐ Non-Compliance with Study ☐ Drug ☐ Physician Decision ☐ Pregnancy ☐ Progressive Disease ☐ Protocol Deviation ☐ Site Terminated by Sponsor ☐ Study Terminated by Sponsor ☐ Subject Refused Further Study ☐ Treatment ☐ Other ☐
If Adverse Event, choose corresponding AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
If Other, Specify	
If Protocol Deviation, Specify	
If Subject Refused Further Study Treatment, Specify	
If Physician Decision, Specify	
If Pregnancy, Pregnancy Due Date	

61186372NSC4018 0.1 RW (30595)

61186372NSC4018 0.1 RW: Unique Forms Project Name:

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Form: Treatment Disposition (End of treatment) for Carboplatin

Category	DISPOSITION EVENT ☒
Subcategory	TREATMENT
What was the subject's status?	Completed ☐ Discontinued ☐
Treatment Disposition Date	
What was the subject's primary reason for treatment discontinuation?	Adverse Event ☐ Complete Response/ Remission ☐ Death ☐ Lost to Follow-Up ☐ Non-Compliance with Study ☐ Drug ☐ Physician Decision ☐ Pregnancy ☐ Progressive Disease ☐ Protocol Deviation ☐ Site Terminated by Sponsor ☐ Study Terminated by Sponsor ☐ Subject Refused Further Study ☐ Treatment ☐ Other ☐
If Adverse Event, choose corresponding AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
If Other, Specify	
If Protocol Deviation, Specify	
If Subject Refused Further Study Treatment, Specify	
If Physician Decision, Specify	
If Pregnancy, Pregnancy Due Date	

61186372NSC4018 0.1 RW (30595)

61186372NSC4018 0.1 RW: Unique Forms Project Name:

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Form: Treatment Disposition (End of treatment) for Pemetrexed

Category	DISPOSITION EVENT ☒
Subcategory	TREATMENT
What was the subject's status?	Completed ☐ Discontinued ☐
Treatment Disposition Date	
What was the subject's primary reason for treatment discontinuation?	Adverse Event ☐ Complete Response/ Remission ☐ Death ☐ Lost to Follow-Up ☐ Non-Compliance with Study ☐ Drug ☐ Physician Decision ☐ Pregnancy ☐ Progressive Disease ☐ Protocol Deviation ☐ Site Terminated by Sponsor ☐ Study Terminated by Sponsor ☐ Subject Refused Further Study ☐ Treatment ☐ Other ☐
If Adverse Event, choose corresponding AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
AE log line, start date, and term	
If Other, Specify	
If Protocol Deviation, Specify	
If Subject Refused Further Study Treatment, Specify	
If Physician Decision, Specify	
If Pregnancy, Pregnancy Due Date	

61186372NSC4018 0.1 RW (30595)

61186372NSC4018 0.1 RW: Unique Forms Project

Name: 61186372NSC4018

Form: Death Information

Death Date

What was the primary cause of death?

Adverse Event ☐

Progressive Disease ☐

Other ☐

If 'Adverse Event,' choose the corresponding AE log line, start date, and term

AE log line, start date, and term

AE log line, start date, and term

If Other, Specify

Was an autopsy performed?

Yes ☐

No ☐

Unknown ☐

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Name: 61186372NSC4018

Form: Next Cycle Selection

Is the subject continuing to the next treatment cycle?	Yes ☐
	No ☐

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Project Name: 61186372NSC4018

Form: Enrollment

Date Enrolled
