INSTRUCTIONS: Complete this form once for every prescription written during <u>Maintenance Phase</u>. Add this form in the "Study drug maintenance" event and data enter it.

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number ___ ___ - ___ ___ ___ ___ ___ ___ - ___

A2. Study drug assigned
STUDY DRUG A 1
STUDY DRUG B 2

A3. Prescription number
(must match prescription number on A120) ___ ___ ___

A4. Date of form completion ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

A5. Name of person completing form _____ ___ ___ ___
PRINT FULL NAME INITIALS

Section B: PRESCRIPTION INFORMATION

Date of prescription (See A120) ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

Study drug preparation (See A120) SUSPENSION..... 1 PILLS..... 2

Dose to administer per day (See A120) ___ ___ ___ . ___ mg/day

B1. Subject study drug start date
(See bottle label) ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

B2. Subject study drug stop date
(See bottle label) ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

IF SUSPENSION, COMPLETE SECTION C
IF PILLS, COMPLETE SECTION D

Section C: SUSPENSION COMPLIANCE

C1. Total number bottles dispensed ___ ___ (1-3)

	A. Bottle #	B. Returned?	C. Reason for no return	D. Specify other reason	E. Volume per dose	F. Total volume dispensed	G. Residual volume measured
1.	__ __	YES....1**(C1e)** NO..... 2	BOTTLE BROKEN ..... 1 **(C1a2 if q.C1>1))** BOTTLE LEAKED ..... 2 **(C1a2 if q C1>1)** OTHER.....99	_____ **(C1a2)**	__ __ __ . __ mL	__ __ __ . __ mL	__ __ __ . __ mL
2.	__ __	YES....1**(C2e)** NO..... 2	BOTTLE BROKEN ..... 1 **(C1a3 if q.C1>2)** BOTTLE LEAKED ..... 2 **(C1a3 if q. C1>2))** OTHER.....99	_____ **(C1a3)**	__ __ __ . __ mL	__ __ __ . __ mL	__ __ __ . __ mL
3.	__ __	YES....1**(C3e)** NO..... 2	BOTTLE BROKEN .....1 **(Z1)** BOTTLE LEAKED .....2 **(Z1)** OTHER.....99	_____ **(Z1)**	__ __ __ . __ mL	__ __ __ . __ mL	__ __ __ . __ mL

Section D: PILL COMPLIANCE

D1. Was pill count done? COMPLETE ..... 1 **(D2a)** PARTIAL.....2 **(D2a)** NO 3

a. Reason pill count not completed BOTTLE NOT RETURNED .....…….1 **(Z1)**

OTHER ……99

i. Specify _____ **(Z1)**

D2a. Total # 12.5 mg tabs dispensed __ __ __ b. Total # 12.5 mg tabs returned __ __ __

D3a. Total # 25 mg tabs dispensed __ __ __ b. Total # 25 mg tabs returned __ __ __

D4a. Total # 50 mg tabs dispensed __ __ __ b. Total # 50 mg tabs returned __ __ __

D5a. Total # 100 mg tabs dispensed __ __ __ b. Total # 100 mg tabs returned __ __ __

Section Z: TIME TO COMPLETE FORM AND SIGNATURE

Z1. How long did it take to complete this form? ___ ___ ___ minutes Signature of RPh: _____ Date:_____

END OF FORM – FAX TO MARFAN TRIAL COORDINATOR AT YOUR CENTER