

INSTRUCTIONS: Complete this form each time a dose adjustment, up-titration or maintenance prescription is administered after the initial dose of study drug. Enter this form in the “Dose Adjustment Cycle” or “Maintenance” event with the corresponding A120 form.

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number __ __ - __ __ __ __ __ __ - __
A2. Study drug assigned STUDY DRUG A 1
 STUDY DRUG B2
A3. Prescription number __ __ __
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: DRUG ADMINISTRATION CONFIRMATION

B1. Was study drug administration confirmed? YES 1 NO 2 (Z1)
B2. Date subject took the first dose for this prescription __ __ / __ __ / __ __ __ __ __ __
 M M D D Y Y Y Y

Section Z: TIME TO COMPLETE FORM

Z1. How long did it take to complete this form? __ __ __ minutes

END OF FORM