

INSTRUCTIONS: Complete this form if for any reason, the subject missed 3 OR MORE CONSECUTIVE DAYS of study drug.

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number _____ - _____ - _____ - _____

A2. Study drug assigned STUDY DRUG A 1 (A3a)
 STUDY DRUG B 2 (A3b)

A3. Type of cycle the subject was in at the time
 the study drug was stopped

a. STUDY DRUG A

CYCLE 1a0
 CYCLE 1b1
 CYCLE 22
 CYCLE 33
 CYCLE 44
 MAINTENANCE6

b. STUDY DRUG B

CYCLE 1 1
 CYCLE 2 2
 CYCLE 3 3
 MAINTENANCE 6

A4. Record the prescription number the subject
 was on at the time the study drug was stopped _____

A5. Date of form completion _____ / _____ / _____
 M M D D Y Y Y Y

A6. Name of person completing form _____
 PRINT FULL NAME INITIALS

Section B: STUDY DRUG AND ADMINISTRATION

B1. Stop number _____ (Enter number of times subject has temporarily
 stopped study drug: first stop=1, second stop=2...)

B2. Date last dose of study drug taken _____ / _____ / _____
 M M D D Y Y Y Y

B3. Primary reason study drug stopped
temporarily

DIZZINESS.....1 (B4)
 SYNCOPE.....2 (B4)
 ACUTE ILLNESS.....3 (B4)
 WHEEZING/BRONCHOSPASM.....4 (B4)
 S.O.B./DYSPNEA.....5 (B4)
 NPO STATUS6 (B4)
 OTHER.....99

a. Specify other _____

Affix Marfan Trial Subject ID: ____ - ____ - ____ - ____ - ____ - ____

B4. Last dose of study drug prescribed ____ . ____ mg/kg *(Enter '-5' if pt is taking MAX dose of study drug)*

B5. Last daily dose of study drug taken ____ . ____ mg/day

Section Z: TIME TO COMPLETE FORM AND SIGNATURE

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

Signature of PI: _____ Date: _____

END OF FORM