

INSTRUCTIONS: Complete this form once the subject resumes taking the study drug after a temporary stop.

Section A: KEY IDENTIFYING INFORMATION

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

A2. Restart number _____

(This Restart Number must match the Stop Number recorded on the A210 that necessitated this study drug restart)

A3. Study drug assigned
 STUDY DRUG A **1 (A3a)**
 STUDY DRUG B **2 (A3b)**

A4. Type of cycle the subject is in at the time the study drug was restarted

a. STUDY DRUG A

b. STUDY DRUG B

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

- CYCLE 1 1
- CYCLE 2 2
- CYCLE 3 3
- MAINTENANCE 6

A5. Record the prescription number the subject is on at the time of restarting the study drug _____

A6. Date of form completion _____ / _____ / _____

M M D D Y Y Y Y

A7. Name of person completing form _____

PRINT FULL NAME INITIALS

Section B: STUDY DRUG AND ADMINISTRATION

B1. Date study drug restarted (Rx date) _____ / _____ / _____

B2. Weight _____ kg

B3. Restart dose of study drug prescribed _____ mg/kg (Enter '-5' if pt is taking MAX dose of study drug)

B4. Restart daily dose of study drug? _____ 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