Site Number: Participant ID:
Date of Visit: Participant Letters:
Person Completing Form:

A. STUDY DRUG ADMINISTRATION

1. Was subcutaneous injection given? ○ Y ○ N
   a. If NO, specify why:
   _____
   _____
   b. If YES, please indicate the injection site location: _____

2. Did the subject experience any problems following the drug administration? ○ Y ○ N

If "Yes" Please Complete Section B. INJECTION SITE EVALUATION

B. INJECTION SITE EVALUATION

	1) Time Post Injection	2) Duration	3) Grade*
a. Redness	__ __ __ min	__ __ __ min	○ 1 ○ 2 ○ 3 ○ 4
b. Swelling	__ __ __ min	__ __ __ min	○ 1 ○ 2 ○ 3 ○ 4
c. Itching	__ __ __ min	__ __ __ min	○ 1 ○ 2 ○ 3 ○ 4
d. Pain	__ __ __ min	__ __ __ min	○ 1 ○ 2 ○ 3 ○ 4

3. Did the subject experience any other problems during study drug administration? ○ Y ○ N ○ N/A
   a. If YES, Specify
   _____
   _____

If any problems were encountered, complete an Adverse Event Report Form if ≥ Grade 2 severity.
If the Adverse Event is Grade 1 record on source document.