



## Study Drug Log (Pediatric)

Patient ID \_\_\_ - \_\_\_ ID \_\_\_ - \_\_\_

**Instructions:** *Initiate form when study drug is dispensed for the first time and add rows every time study drug is dispensed or returned. Use one row per drug, every time either drug is dispensed or returned.*

**Entecavir:**

Instruct the patient to return dispensed bottles of entecavir (with unused tablets/liquid) at every visit.

If the patient does not return unused tablets/liquid of entecavir but reports that they have tablets/liquid remaining, check “No” for “Unused tablets (or liquid)/Used vials returned?” and ask the patient to return all unused tablets/liquid of entecavir at the next visit and then record the total number of unused tablets or mL of entecavir on that date.

When all dispensed bottles of entecavir are returned at a visit and there are no tablets/liquid left or the patient reports that no tablets/liquid are remaining, check “Yes” for “Unused tablets (or liquid)/Used vials returned?” and record zero for “amount/mL returned”.

**Peg-interferon:**

Instruct the patient to return used vials of peg-interferon at every visit.

If the patient does not return used vials of peg-interferon, but reports that they used vials, check “No” for “Unused tablets (or liquid)/Used vials returned?” and ask the patient to return all used vials of peg-interferon at the next visit and then record the total number of used vials of peg-interferon on that date. If the patient reports that they used vials but discarded the used vials, record the number of vials they report as used and check the “patient report only” box under the “amount/mL returned” field.

Date (mm/dd/yy)	Study Drug (check one)	Unused tablets (or liquid) / Used vials returned?	amount/mL Dispensed	System ID
<b>SDM/D/Y</b>	1 <input type="checkbox"/> entecavir, liquid 2 <input type="checkbox"/> entecavir, tabs 3 <input type="checkbox"/> peg-IFN <span style="color: red;"><b>SDRUG</b></span>	<input type="checkbox"/> Yes      amount/mL returned <span style="color: red;"><b>NRET</b></span> <input type="checkbox"/> unknown <input type="checkbox"/> No (or N/A) <input type="checkbox"/> patient report only <span style="color: red;"><b>RET</b></span> <span style="color: red;"><b>NRETPR</b></span>	<b>NDSP</b>	<b>SYSID</b>
___/___/___	1 <input type="checkbox"/> entecavir, liquid 2 <input type="checkbox"/> entecavir, tabs 3 <input type="checkbox"/> peg-IFN	<input type="checkbox"/> Yes      amount/mL returned _____ <input type="checkbox"/> unknown <input type="checkbox"/> No (or N/A) <input type="checkbox"/> patient report only	_____	
___/___/___	1 <input type="checkbox"/> entecavir, liquid 2 <input type="checkbox"/> entecavir, tabs 3 <input type="checkbox"/> peg-IFN	<input type="checkbox"/> Yes      amount/mL returned _____ <input type="checkbox"/> unknown <input type="checkbox"/> No (or N/A) <input type="checkbox"/> patient report only	_____	
___/___/___	1 <input type="checkbox"/> entecavir, liquid 2 <input type="checkbox"/> entecavir, tabs 3 <input type="checkbox"/> peg-IFN	<input type="checkbox"/> Yes      amount/mL returned _____ <input type="checkbox"/> unknown <input type="checkbox"/> No (or N/A) <input type="checkbox"/> patient report only	_____	
___/___/___	1 <input type="checkbox"/> entecavir, liquid 2 <input type="checkbox"/> entecavir, tabs 3 <input type="checkbox"/> peg-IFN	<input type="checkbox"/> Yes      amount/mL returned _____ <input type="checkbox"/> unknown <input type="checkbox"/> No (or N/A) <input type="checkbox"/> patient report only	_____	
___/___/___	1 <input type="checkbox"/> entecavir, liquid 2 <input type="checkbox"/> entecavir, tabs 3 <input type="checkbox"/> peg-IFN	<input type="checkbox"/> Yes      amount/mL returned _____ <input type="checkbox"/> unknown <input type="checkbox"/> No (or N/A) <input type="checkbox"/> patient report only	_____	
___/___/___	1 <input type="checkbox"/> entecavir, liquid 2 <input type="checkbox"/> entecavir, tabs 3 <input type="checkbox"/> peg-IFN	<input type="checkbox"/> Yes      amount/mL returned _____ <input type="checkbox"/> unknown <input type="checkbox"/> No (or N/A) <input type="checkbox"/> patient report only	_____	
___/___/___	1 <input type="checkbox"/> entecavir, liquid 2 <input type="checkbox"/> entecavir, tabs 3 <input type="checkbox"/> peg-IFN	<input type="checkbox"/> Yes      amount/mL returned _____ <input type="checkbox"/> unknown <input type="checkbox"/> No (or N/A) <input type="checkbox"/> patient report only	_____	