



TN20 IMMUNE EFFECTS OF ORAL INSULIN TRIAL
STUDY DRUG DISPENSATION AND RETURN FORM

Form IE04

10SEP15

Version 1.0

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Site Number: _____

Participant ID: _____

Participant Letters: _____

The Study Coordinator should complete this form for every dispensation and return of study drug.

A. RETURN OF STUDY DRUG

1. Was study drug returned? * Y N

2. Date study drug returned: _____ / _____ / _____
DAY MONTH YEAR

3. Number of capsules returned (including full medication packs): _____ capsule(s)

B. DISPENSATION OF STUDY DRUG

1. Was study drug dispensed? * Y N

2. Date study drug dispensed: _____ / _____ / _____
DAY MONTH YEAR

a. Number of capsules dispensed (including medication packs that were returned): _____ capsule(s)

b. How did the participant receive the study drug?
 ₁ At Clinical Center ₂ By Courier

3. Record the Randomization Number used for study drug dispensation: _____ - _____

4. Study drug dispensed to the participant:

Medication Pack Number	Lot Number	Date Dispersed
		_____ / _____ / _____ DAY MONTH YEAR
		_____ / _____ / _____ DAY MONTH YEAR

C. ADDITIONAL INFORMATION

1. Were there any unusual circumstances? (For example, did the participant experience any difficulties taking the study drug, did the participant lose the study drug or require a larger quantity than normal dispensed?)* Y N

If YES,

a. Describe:
