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ICCTG PROTOCOL #1

Study Medication Tracking Log (Administrative)

Patient ID: _____
 Patient Initials: _____
 Clinical Center: _____
 RC ID: _____

Randomization Number: _____

Week Number/s	Date Received from / Returned to IDS*	<u>WHITE</u> CAPSULES		<u>WHITE</u> CAPSULES		Initials of person dispensing/ receiving medication	Number of Capsules Lost or Destroyed
		Date Dispensed / Returned		Number of Capsules Dispensed / Returned			
Was the study medication discontinued permanently during a week dispensed on this page? If YES, specify week number: _____				<input type="checkbox"/> ₁ Yes		<input type="checkbox"/> ₀ No	
Comments:							

*Investigational Drug Service

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ICCTG PROTOCOL #1

Study Medication Tracking Log (Administrative)

Patient ID: _____
Patient Initials: _____
Clinical Center: _____
RC ID: _____

Randomization Number: _____

Week Number/s	Date Received from / Returned to IDS*	<u>GREEN</u> CAPSULES		<u>GREEN</u> CAPSULES		Initials of person dispensing/ receiving medication	Number of Capsules Lost or Destroyed
		Date Dispensed / Returned		Number of Capsules Dispensed / Returned			
Was the study medication discontinued permanently during a week dispensed on this page? If YES, specify week number: _____				<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No			
Comments:							

*Investigational Drug Service