



Draft

CAMUS Clinical Trial Individual Patient's Drug Accountability Form (CAM104)

A. Participant ID

			S			
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ParticipantId

B. Med Kit #

M					
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CM104_RandNum

C. Page Number

1

D. Staff ID

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 Staff_ID

Visit Number	Date	Study Drug administration (Saw palmetto or placebo)	Comment	Monitor verification Initials/Date
1	Date1	Study1	Comment1	Monitor1
2	Date2	Study2	Comment2	Monitor2
3	Date3	Study3	Comment3	Monitor3

Attach One Tear-off Label Here

Attach One Tear-off Label Here



Draft

CAMUS Clinical Trial Individual Patient's Drug Accountability Form (CAM104)

A. Participant ID
[][][][S][][][]
ParticipantId

B. Med Kit #
[M][][][][][]
CM104_RandNum

C. Page Number
[2]

D. Staff ID
[][] Staff_ID

Visit Number	Date	Study Drug administration (Saw palmetto or placebo)	Comment	Monitor verification Initials/Date
4	Date4	Study4	Comment4	Monitor4
12	Date12	Study12	Comment12	Monitor12
24	Date24	Study24	Comment24	Monitor24

Attach One Tear-off Label Here

Attach One Tear-off Label Here



CAMUS Clinical Trial

Individual Patient's Drug Accountability Form (CAM104)

A. Participant ID

			S			
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ParticipantId

B. Med Kit #

M					
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CM104_RandNum

C. Page Number

3

D. Staff ID

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Staff_ID

Visit Number	Date	Study Drug administration (Saw palmetto or placebo)	Comment	Monitor verification Initials/Date
28	Date28	Study28	Comment28	Monitor28
36	Date36	Study36	Comment36	Monitor36
48	Date48	Study48	Comment48	Monitor48

Attach One Tear-off Label Here

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CAMUS Clinical Trial Individual Patient's Drug Accountability Form (CAM104)

Participant ID

A. **S**

ParticipantId

Med Kit #

B. **M**

CM104_RandNum

Page Number

C. **4**

Staff ID

D. **Staff_ID**

Visit Number	Date	Study Drug administration (Saw palmetto or placebo)	Comment	Monitor verification Initials/Date
52	Date52	Study52	Comment52	Monitor52
60	Date60	Study60	Comment60	Monitor60
72	Date72	Study72	Comment72	Monitor72

Attach One Tear-off Label Here

Attach One Tear-off Label Here