

DAC Fistula Study Form 306 – Pill Dispensing Form

This form is completed ONLY if drug was dispensed to the patient.

- 1. Patient Identification Number....._____
 - 2. Patient Name Code_____
 - 3. Code number on the bottle dispensed....._____
 - 4. Confirmation code for that bottle....._____
 - 5. Date/time (24 hour clock) drug given to patient..... __ __ / __ __ / __ __ __ __ __ __ : __ __
 - 6. Statin status of the patient....._____
 - 0 = Did not come in on statin like Atorvastatin, Lovastatin, or Simvastatin
 - 1 = Came in on a statin like that and is stopping statins until completion of study drug treatment.
 - 2 = Came in on a statin like that and is switching to Fluvastatin
 - 3 = Came in on a statin like that and is switching to Pravastatin
 - 4 = Came in on a statin like that and will stay on it
7. If Q. 6 = 4, what daily dosage is the patient taking?....._____
- 1 = 5 mg
 - 2 = 10 mg
 - 3 = 20 mg
 - 4 = 40 mg
 - 5 = 80 mg
 - 6 = other, specify_____

- 201. Date this form completed..... __ __ / __ __ / __ __ __ __ __ __
- 202. User ID of person completing this form_____

<i>Clinical Center Use Only</i>
Date Form Entered __ __ / __ __ / __ __ __ __ __ __
Person Entering this Form _____