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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*	WHITE CAPSULES		WHITE 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: _____

₁ Yes ₀ No

Comments:

**Investigational Drug Service*

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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*	GREEN CAPSULES		GREEN 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