

PEDS-C STUDY DRUG COUNT FORM

PDC 34
Rev 0
02/16/2006
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30944

Please Use Black Pen To Fill Out Form.

Week #	Date of Assessment	Patient ID	Patient Letter Code	corrfix Correction
<i>week</i>	<i>assessdt</i>	<i>idn</i>	<i>letcode</i>	
	mm / dd / yyyy	- - -		

Instructions:

Complete this form at every patient visit when study medication is dispensed or collected.

PEG-2a

<p>1.A. Was Peg-2a use assessed at this visit? <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes, skip to item 2.</p> <p>B. Reason not assessed: <input type="radio"/> Family forgot to bring meds. <input type="radio"/> Other (Specify) <i>dcpgnas</i></p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">Skip to item 5.</p>	<p style="text-align: center;">CRA Use Only</p>
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2. Number of vials returned: **NA *dcpgrna***

1. Prescription #	2. # Vials returned to pharmacy	3. # Vials opened or used	4. # Vials unaccounted for	5. # Vials returned to patient
A. <i>dcpgrrxa</i>	<i>dcpgi pha</i>	<i>dcpgroa</i>	<i>dcpgrva</i>	<i>dcpgrpta</i>
B. <i>dcpgrrxb</i>	<i>dcpgi phb</i>	<i>dcpgrob</i>	<i>dcpgrvb</i>	<i>dcpgrptb</i>
C. <i>dcpgrrxc</i>	<i>dcpgi phc</i>	<i>dcpgroc</i>	<i>dcpgrvc</i>	<i>dcpgrptc</i>

3. Number of vials dispensed: **NA *dcpgdna***

1. Prescription #	2. # Vials from pharmacy	3. # Vials returned to patient
A. <i>dcpgdrxa</i>	<i>dcpgd pha</i>	<i>dcpgdpta</i>
B. <i>dcpgdrxb</i>	<i>dcpgd phb</i>	<i>dcpgdptb</i>
C. <i>dcpgdrxc</i>	<i>dcpgd phc</i>	<i>dcpgdptc</i>

4. Comments:

Signature: _____ Certif. #: *staffid1* - - -

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Week # <i>week</i>	Date of Assessment <i>assessdt</i>	Patient ID <i>idn</i>	Patient Letter Code <i>letcode</i>	Correction <i>corrfix</i>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>mm dd yyyy</small>			<small>Correction</small>

Placebo / Ribavarin

5.A. Was placebo/RV use assessed at this visit? *dcpras* Yes No If Yes, skip to item 6.

B. Reason not assessed: Family forgot to bring meds. Other (Specify) *dcprnas*

Skip to item 9.

6. Number of pills returned: NA *dcprrna*

CRA Use Only

	1. Bottle #	2. # Pills returned to pharmacy	3. # Pills unaccounted for	4. # Pills returned to patient
A.	<i>dcprrba</i>	<i>dcprrpha</i>	<i>dcprrua</i>	<i>dcprrpta</i>
B.	<i>dcprrbb</i>	<i>dcprrphb</i>	<i>dcprrub</i>	<i>dcprrptb</i>
C.	<i>dcprrbc</i>	<i>dcprrphc</i>	<i>dcprruc</i>	<i>dcprrptc</i>
D.	<i>dcprrbd</i>	<i>dcprrphd</i>	<i>dcprrud</i>	<i>dcprrptd</i>
E.	<i>dcprrbe</i>	<i>dcprrphe</i>	<i>dcprrue</i>	<i>dcprrpte</i>
F.	<i>dcprrbf</i>	<i>dcprrphf</i>	<i>dcprruf</i>	<i>dcprrptf</i>

7. Number of pills dispensed: NA *dcprdna*

	1. Bottle #	2. # Pills from pharmacy	3. # Pills returned to patient
A.	<i>dcprdba</i>	<i>dcprdpha</i>	<i>dcprdpta</i>
B.	<i>dcprddb</i>	<i>dcprdphb</i>	<i>dcprdptb</i>
C.	<i>dcprdbc</i>	<i>dcprdphc</i>	<i>dcprdptc</i>
D.	<i>dcprdbd</i>	<i>dcprdphd</i>	<i>dcprdptd</i>
E.	<i>dcprdbe</i>	<i>dcprdphe</i>	<i>dcprdpte</i>
F.	<i>dcprdbf</i>	<i>dcprdphf</i>	<i>dcprdptf</i>

8. Comments:

Signature: _____ Certif. #: *staffid2* -

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8385

Week # <i>week</i>	Date of Assessment <i>assessdt</i>	Patient ID <i>idn</i>	Patient Letter Code <i>letcode</i>	<i>corrfix</i> Correction
mm	dd	yyyy		

Open Label Ribavarin

9.A. Was open label RV use assessed at this visit? **Yes** **No** If Yes, skip to item 10.

B. Reason not assessed: **Family forgot to bring meds.**

Skip to Signature and Cert. #.

Other (Specify) *dcrvnas*

CRA Use Only

10. Number of pills returned: **NA** *dcrvrna*

1. Bottle #	2. # Pills returned to pharmacy	3. # Pills unaccounted for	4. # Pills returned to patient
A. <i>dcrvrba</i>	<i>dcrvrpha</i>	<i>dcrvrva</i>	<i>dcrvrpta</i>
B. <i>dcrvrbb</i>	<i>dcrvrphb</i>	<i>dcrvrub</i>	<i>dcrvrptb</i>
C. <i>dcrvrbc</i>	<i>dcrvrphc</i>	<i>dcrvruc</i>	<i>dcrvrptc</i>
D. <i>dcrvrbd</i>	<i>dcrvrphd</i>	<i>dcrvrud</i>	<i>dcrvrptd</i>
E. <i>dcrvrbe</i>	<i>dcrvrphe</i>	<i>dcrvrue</i>	<i>dcrvrpte</i>
F. <i>dcrvrbf</i>	<i>dcrvrphf</i>	<i>dcrvruf</i>	<i>dcrvrptf</i>

11. Number of pills dispensed: **NA** *dcrvdna*

1. Bottle #	2. # Pills from pharmacy	3. # Pills returned to patient
A. <i>dcrvdba</i>	<i>dcrvdpha</i>	<i>dcrvdpta</i>
B. <i>dcrvdbb</i>	<i>dcrvdphb</i>	<i>dcrvdptb</i>
C. <i>dcrvdbc</i>	<i>dcrvdphc</i>	<i>dcrvdptc</i>
D. <i>dcrvdbd</i>	<i>dcrvdphd</i>	<i>dcrvdptd</i>
E. <i>dcrvdbe</i>	<i>dcrvdphe</i>	<i>dcrvdpte</i>
F. <i>dcrvdbf</i>	<i>dcrvdphf</i>	<i>dcrvdptf</i>

12. Comments:

Signature: _____

Certif. #: _____

staffid3 - _____