

PEDS-C STUDY DRUG COUNT FORM

PDC 34
Rev 1
09/25/2006
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29956

Please Use Black Pen To Fill Out Form.

○
Correction

Week #		Date of Assessment		Sequence #	Patient Letter Code	Patient ID	
		/	/				-
	mm		dd	yyyy			-

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

PEG-2a

1.A. Was Peg-2a use reviewed at this visit? Yes No If Yes, skip to item 2.

B. Reason not reviewed: Family forgot to bring meds.
Skip to item 4. Other (Specify) _____

2. Did the family bring Peg-2a to this visit? Yes No *dcpgbrg*

3. Number of vials reviewed: NA

	2. # Vials opened or used	3. # Vials unaccounted for	4. # Vials returned to pharmacy	5. # Vials returned to patient
1. Prescription #				
A. 				
B. 				
C. 				

4. New vials dispensed from pharmacy: NA

1. Prescription #	2. # Vials from pharmacy
A. 	
B. 	
C. 	

5. Comments:

CRA Use Only

Signature: _____

Certif. #: -

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	mm	dd	yyyy					

Placebo / Ribavarin

6. Is the patient on placebo/RV? **dcpr**
 Yes No If No, skip to item 12.

7.A. Was placebo/RV use reviewed at this visit? Yes No If Yes, skip to item 8.

B. Reason not reviewed: Family forgot to bring meds.
 Other (Specify) _____

Skip to item 10.

CRA Use Only

8. Did the family bring placebo/RV to the visit? Yes No **dcprbrg**

9. Number of bottles reviewed: NA

1. Bottle #	2. # Pills in bottle	3. # Pills unaccounted for	4. # Pills returned to patient	5. Bottle returned to pharmacy?
A. dcprrbna	dcprrpa			Yes No dcprrba
B. dcprrbnb	dcprrpb			dcprrbb
C. dcprrbnc	dcprrpc			dcprrbc
D. dcprrbnd	dcprrpd			dcprrbd
E. dcprrbne	dcprrpe			dcprrbe
F. dcprrbnf	dcprrpf			dcprrbf

10. New bottles dispensed from pharmacy: NA **dcprdna**

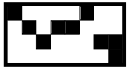
Bottle #	Bottle #
A. 	D.
B. 	E.
C. 	F.

11. Comments:

Signature: _____

Certif. #: -

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Correction

Week #	Date of Assessment	Sequence #	Patient Letter Code	Patient ID
	/ /			- - -
	mm dd	yyyy		

Open Label Ribavarin

12. Is the patient on open label RV?

dcrv
 Yes No

If No, skip to Signature.

13.A. Was open label RV use assessed at this visit? Yes No

If Yes, skip to item 14.

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

Other (Specify) _____

Skip to item 16.

14. Did the family bring open label RV to the visit? Yes No **dcrvbrg**

15. Number of pills reviewed: NA **dcrvrna**

	1. Prescription #	2. # Pills in bottle	3. # Pills unaccounted for	4. # Pills returned to patient	5. Bottle returned to pharmacy?
A.	dcrvrbna	dcrvrpa			Yes No dcrvrba
B.	dcrvrbnb	dcrvrpb			dcrvrbb
C.	dcrvrbnc	dcrvrpc			dcrvrbc
D.	dcrvrbnd	dcrvrpd			dcrvrbd
E.	dcrvrbne	dcrvrpe			dcrvrbe
F.	dcrvrbnf	dcrvrpf			dcrvrbf

16. Open label RV dispensed from pharmacy: NA

Prescription #	Prescription #
A.	D.
B.	E.
C.	F.

17. Comments:

CRA Use Only

Signature: _____

Certif. #: -