Participant ID:	Date of Registration:	
Local ID:	Letters:	
Status:		
Site:		

OT14 - Study Drug Dispensation and Return

* These fields are required in order to SAVE the form				
* These fields are required in order to COMPLETE the form				
Date of Visit: * Date				
Interviewer User ID: *				
B. RETURN OF STUDY DRUG				
1. Was study drug returned?	○Yes ○No			
2. Date study drug returned:	dd/mmm/yyyy			
3. Number of capsule(s) returned (Please include lost capsules and capsules left at home by the participant in this total):				
C. DISPENSATION OF STUDY DRUG				
1. Was study drug dispensed?	○Yes ○No			
2. Date study drug dispensed:	dd/mmm/yyyy			
a. Number of capsules dispensed				
b. How did the participant receive the study drug	○ At Clinical center ○ By FEDEX			
3. Record the Randomization Number used for study drug dispensation				
Bottle # Date bottle dispensed Randomization # Package Lot Add				
D. ADDITIONAL INFORMATION				
1. Were there any unusual circumstances?	○Yes ○No			
a. If YES, Describe:				