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

* These fields are require	d in order to SAVE the form			
* These fields are required in o	order to COMPLETE the form			
Date of Visit: * Date Date				
Interviewer User ID: *				
A. VISIT INFORMATION				
1. Visit Date:*				
B. ALLOCATION REQUEST				
1. Have you collected all bottles of returned study drug (empty, partially full and full) and determined the number of new bottles that need to be allocated OYes ONo to the participant?*				
2. Have you completed the Drug Allocation Request Form and faxed it to EMINENT?*	⊖Yes ⊖No			
C. ALLOCATION ASSIGNMENT & DISPENSATION				
1. Have you received the Drug Allocation Assignment Report from EMINENT?* \bigcirc Yes \bigcirc No				
a. Date of Drug Allocation Assignment:	· · ·			
b. Allocation ID:				
2. Have you pulled from the reserve supply the bottles indicated on the Drug Allocation Assignment Report from EMINENT?*	⊖Yes ⊖No			
3. Have you dispensed 7 bottles of study drug to the participant (including any full, un-opened bottles that were re-dispensed and all newly allocated bottles as listed on the Allocation Assignment Report)?*	⊖Yes ⊖No			
D. ADDITIONAL INFORMATION				
1. Were there any unusual circumstances?	⊖Yes ⊖No			
If YES,				
a. Describe:				