

MEMS® TrackCap™ Worksheet

		Ribavirin Cap	Interferon Cap
Original:	Cap serial #	_____	_____
	Cap serial #	_____	_____
Replacement:	First use	_/_/_ : _/_/_ :	_/_/_ : _/_/_ :

Record the date and time that each cap was placed on the vial of study medication:

	Ribavirin Cap		Interferon Cap		<i>For Data Entry Only</i>
	Date (mm/dd/yy)	Military time (hr:min)	Date (mm/dd/yy)	Military time (hr:min)	Date entered (mm/dd/yy)
First Use	_/_/_	: _/_	_/_/_	: _/_	_/_/_
Week 4	_/_/_	: _/_	_/_/_	: _/_	_/_/_
Week 8	_/_/_	: _/_	_/_/_	: _/_	_/_/_
Week 12	_/_/_	: _/_	_/_/_	: _/_	_/_/_
Week 16	_/_/_	: _/_	_/_/_	: _/_	_/_/_
Week 20	_/_/_	: _/_	_/_/_	: _/_	_/_/_
Week 24	_/_/_	: _/_	_/_/_	: _/_	_/_/_
Week 28	_/_/_	: _/_	_/_/_	: _/_	_/_/_
Week 32	_/_/_	: _/_	_/_/_	: _/_	_/_/_
Week 36	_/_/_	: _/_	_/_/_	: _/_	_/_/_
Week 40	_/_/_	: _/_	_/_/_	: _/_	_/_/_
Week 44	_/_/_	: _/_	_/_/_	: _/_	_/_/_
Last Use	_/_/_	: _/_	_/_/_	: _/_	_/_/_

Cap opening by coordinator other than time of drug refill

CC #1	_/_/_	: _/_	_/_/_	: _/_	_/_/_
CC #2	_/_/_	: _/_	_/_/_	: _/_	_/_/_