

CRF 13 – POPULATION PK

A1. Participant's ID number **C C C - C C C C**

A2. Center _____

K0. Research staff completing the form _____

DATA ON PK SAMPLING		
K1. Date of sampling	[]/[]/[] (DD / MMM / YY)	
K2. When was the study drug taken at home?	[] : [] (hh:mm, 24 hours format)	
K3. Did the participant had any food* since midnight?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify in comment below. NOTE: if PK sample is taken in the afternoon, add comment in K24 below	
K4. Is the participant taking other drugs?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify below.	
K5-9. Name of other drugs taken	Date and Time of last dose	Daily Dose (unit)
_____	[]/[]/[] (DD/MMM/YY) [] : [] (24 hours format)	— — (Unit _____)
_____	[]/[]/[] (DD/MMM/YY) [] : [] (24 hours format)	— — (Unit _____)
_____	[]/[]/[] (DD/MMM/YY) [] : [] (24 hours format)	— — (Unit _____)

BLOOD SAMPLING							
Time point	Scheduled time	Actual time sampling	Operator	Centrifuge time	Done by	Storage time	Done by
H 2 (K10-K16)	— : —	— : —		— : —		— : —	
H 4 (K17-K23)	— : —	— : —		— : —		— : —	

* NOTE: by food we mean anything to drink or eat except for water

K24. COMMENTS:
