

PILOT PARTUM: Randomization

Site No.

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Subject No.

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## Randomization Case Report Form

Randomization Details										
Date of randomization:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	M	Y	Y	Y	Y
D	D	M	M	M	Y	Y	Y	Y		
<input type="checkbox"/> Randomization code obtained and matched with study medication										
Medication randomization code (Drug ID):	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>									

Study Medication										
Date of subject's first dose:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	M	Y	Y	Y	Y
D	D	M	M	M	Y	Y	Y	Y		
Time of subject's first dose:	<table border="1"><tr><td>H</td><td>H</td><td>M</td><td>M</td></tr></table>	H	H	M	M					
H	H	M	M							
Study medication delivered by:	_____									
Study medication and booklet reviewed with the subject:	<input type="checkbox"/> Completed									

\_\_\_\_\_  
Delegate's Name

\_\_\_\_\_  
Delegate's Signature

D	D	M	M	M	Y	Y	Y	Y
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Date