



Exam 6

Vitamin D Study Completion

Participant ID #:

Acrostic:

Technician ID:

Record at Exam 6 or Baseline Vitamin D Visit:

1. Study Drug Dispensed: Yes No (**END**)



1a. Date drug was dispensed:

/ /
 Month Day Year

1b. Bottle Number: _____

1c. Was it dispensed:

In clinic Mailed by FC staff

Technician ID:

Record at 2 Week Phone Call:

2. Study drug start date:

/ /
 Month Day Year

Participant never started study drug

3. Check in call 2 weeks after study drug dispensed: Done Not done



3a. Call Date:

/ /
 Month Day Year

4. Has the participant been taking study drug according to protocol?

Yes No



4a. Describe deviations:



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5. Has the participant experienced any adverse events? Yes No

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Document in
Adverse Events form

6. Exam 6a scheduled for: / / Time: :
Month Day Year Record in military time (e.g. 5PM = 17:00)

Exam 6a Refused

Reason:

Record at 6a Clinic Visit:

7. Exam 6a pill return count: Number of pills returned:
Number of pills lost:

8. Has the participant been taking study drug according to protocol? Yes No



8a. Describe deviations:

9. Has the participant experienced any adverse events?: Yes No

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Document in
Adverse Events form