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Site Number

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Subject Number

Form DA - Horizontal: Returned Amount**1 DA - Implementation Options: Horizontal Returned**

1.1	Treatment Label Identifier	DAREFID										
1.2	Date (DD-MMM-YYYY)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> DADAT										
1.3	Amount	RETAMT_DAORRES										
1.4	Unit	<div><input type="radio"/> [BAG] Bag</div> <div><input type="radio"/> [BOTTLE] Bottle</div> <div><input type="radio"/> [BOX] Box</div> <div><input type="radio"/> [CAPSULE] Capsule</div> <div><input type="radio"/> [PACKAGE] Package</div> <div><input type="radio"/> [PATCH] Patch</div> <div><input type="radio"/> [TABLET] Tablet</div> <div><input type="radio"/> [TUBE] Tube</div> <div><input type="radio"/> [VIAL] Vial</div> <div>RETAMT_DAORRESU</div>										