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Site Number

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Subject Number

Form DA - Implementation Options: Vertical**1 DA - Implementation Options: Vertical**

1.1	Drug Accountability Performed	<input type="radio"/> [N] No <input type="radio"/> [Y] Yes	DAPERF										
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	Treatment Label Identifier		DAREFID										
1.4	Test Name	<input type="radio"/> [DISPENSED AMOUNT] Dispensed Amount <input type="radio"/> [RETURNED AMOUNT] Returned Amount	DATEST										
1.5	Amount		DAORRES										
1.6	Unit	<input type="radio"/> [BAG] Bag <input type="radio"/> [BOTTLE] Bottle <input type="radio"/> [BOX] Box <input type="radio"/> [CAPSULE] Capsule <input type="radio"/> [PACKAGE] Package <input type="radio"/> [PATCH] Patch <input type="radio"/> [TABLET] Tablet <input type="radio"/> [TUBE] Tube <input type="radio"/> [VIAL] Vial	DAORRESU										