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Site Number

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Subject Number

**Form RP - Reproductive System Findings****1 RP - Reproductive System Findings**

1.1	Was a reproductive system evaluation performed?	<input type="radio"/> [N] No <input type="radio"/> [Y] Yes	<b>RPPERF</b>										
1.2	Reason Not Done		<b>RPREASND</b>										
1.3	Collection 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>											<b>RPDAT</b>
1.4	Was the subject of child bearing potential?	<input type="radio"/> [N] No <input type="radio"/> [Y] Yes	<b>CHILDPOT_RPORRES</b>										
1.5	Menopause Status	<input type="radio"/> [PRE] Premenopausal <input type="radio"/> [POST] Postmenopausal	<b>MENOSTAT_RPORRES</b>										