**Memo-Remember to collect baseline saliva sample before administrating DOD to the participant**

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| --- | --- |
| Person performing the test: ––––––––––––––––––––––––––– | Date: ––––/––––/–––– DD / MM / YYYY |
| **I. Participant (infant)** | Code/ID: –––––––––––––– |
| Weight: –––––––– . ––– ––– kg | Height/length: –––– . ––cm |  |
| Date of birth: ––––/––––/–––– DD / MM / YYYY | Age: ––––––– months | Gender: Male Female  |

|  |  |  |
| --- | --- | --- |
| **II. Dose** |  |  |
| Dose weight: –– –– . –– –– –– g |
| Was the container open just before the dose? | Yes No  |
| Was the dose consumed correctly? | Yes No  |
| If not, stop the protocol . |  |
| The container was rinsed with water. | Yes No  |
| How much water? | ---------------ml |

|  |  |  |
| --- | --- | --- |
| **III. Specimen times** |  |  |
| Time of baseline saliva sample: | –––––:––––– |
| Time dose was taken: | –––––:––––– |
| Post dose saliva samples: |  |
|  | 2 hours: –––––:––––– |
|  | 3 hours: –––––:––––– |
|  | 4 hours: –––––:––––– |

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| **II. CRFs verified by** |  | Date: ––––/––––/–––– DD / MM / YYYY |
| Name: ––––––––––––––––––––––––––––––––––––– | Time: –––– ––––:–––– –––– |