**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 |

|  |  |  |
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| **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: –––– ––––:–––– –––– |