**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 (subject’s mother)** | | | |  |
|  | | | | Code/ID: –––––––––––––– |
| Weight: –––––––– . ––– ––– kg | Height/length: –––– . ––cm | | | BMI: ––––––––– kg/m2 |
| Date of birth: ––––/––––/––––  DD / MM / YYYY | Age: ––––––– years | | |  |
| Healthy: Yes No |  | | |  |
| Note (health): ––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––­ | | | | |
| –––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––– | | | | |
| **II. Dose** | |  |  | |
| Dose weight: –– –– . –– –– –– g | | | | |
| Did the participant fast overnight? | | | Yes No | |
| If not, how long was the fast before the dose? –––––––––––––––––––––––––––––––––– | | | | |
| Was the container open just before the dose? | | | Yes No | |
| Was the dose consumed correctly? | | | Yes No | |
| If not, what was the weight of the dose not consumed? | | | –– –– . –– –– –– g | |
| The container was rinsed with 2× 50 mL water. | | | Yes No | |
| The same straw was used. | | | Yes No | |
| Notes: –––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––– | | | | |

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| **III. Specimen times** |  |  |
| Time of baseline saliva sample: | –––––:––––– | |
| Time dose was taken: | –––––:––––– | |
| Post dose saliva samples: |  | |
|  | 3 hours: –––––:––––– | |
|  | 4 hours: –––––:––––– | |
|  | 5 hours: –––––:––––– | |

Notes: ––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––

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