**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: –––– ––––:–––– –––– |