|  |  |  |
| --- | --- | --- |
|  | **Mother** | **Baby** |
| Date of dosing (Day 0) (DD/MM/YYYY) | ––––/––––/–––– | Not applicable |
| Code/ID | –––––––––––––– | –––––––––––––– |
| Date of birth (DD/MM/YYYY) | ––––/––––/–––– | ––––/––––/–––– |
| Body weight (kg) Day 0 | ––––––.––– ––– kg | ––––––.––– ––– kg |
| Body weight (kg) Day 14 | ––––––.––– ––– kg | ––––––.––– ––– kg |
| Height/length (cm) | –––– . ––cm | –––– . ––cm |
| Time of baseline saliva sample | –––––:––––– | –––––:––––– |
| Time dose taken | –––––:––––– | Not applicable |

|  |  |  |  |
| --- | --- | --- | --- |
| Day 1 saliva sample | Date | ––––/––––/–––– | ––––/––––/–––– |
| Time | –––––:––––– | –––––:––––– |

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| --- | --- | --- | --- |
| Day 2 saliva sample | Date | ––––/––––/–––– | ––––/––––/–––– |
| Time | –––––:––––– | –––––:––––– |

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| --- | --- | --- | --- |
| Day 3 saliva sample | Date | ––––/––––/–––– | ––––/––––/–––– |
| Time | –––––:––––– | –––––:––––– |

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| --- | --- | --- | --- |
| Day 4 saliva sample | Date | ––––/––––/–––– | ––––/––––/–––– |
| Time | –––––:––––– | –––––:––––– |

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| --- | --- | --- | --- |
| Day 13 saliva sample | Date | ––––/––––/–––– | ––––/––––/–––– |
| Time | –––––:––––– | –––––:––––– |

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| Day 14 saliva sample | Date | ––––/––––/–––– | ––––/––––/–––– |
| Time | –––––:––––– | –––––:––––– |

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