

4. Pulmonary

PULMONAR

A. Did the patient receive pulmonary medications?

Yes (1)* No (2)

(a) (b) (c) (d)

*B. If YES, check all that are applicable for each pulmonary medication.

	Not Received	Within 3 Days of PK Collection	Within 7 Days of SAE Onset	Until close of SAE
1. Albuterol (e.g., Proventil, Ventolin, Volmax)	(1)	(1)	(1)	(1)
2. Budesonide Inhalation Powder (e.g., Entocort, Pulmicort)	(1)	(1)	(1)	(1)
3. Fluticasone (e.g., Flovent, Advair)	(1)	(1)	(1)	(1)
4. Levalbuterol (e.g., Xopenex)	(1)	(1)	(1)	(1)
5. Montelukast (e.g., Singulair)	(1)	(1)	(1)	(1)

If the patient is receiving a pulmonary medication not listed above, enter this information in Section 7.

5. Topicals

TOPICALS

A. Was the patient using topical medications?

Yes (1)* No (2)

(a) (b) (c) (d)

*B. If YES, check all that are applicable for each topical medication.

	Not Received	Within 3 Days of PK Collection	Within 7 Days of SAE Onset	Until close of SAE
1. Clomazole (e.g., Lotrimin, Mycelex)	(1)	(1)	(1)	(1)
2. Medicated Shampoo ^1. Specify: _____	(1)	(1)^	(1)^	(1)^
3. Nystatin (e.g., Mycostatin, Nystop, Ped-Dri)	(1)	(1)	(1)	(1)
4. Nystatin and Triamcinolone (e.g., Mycogen II, Mycolog-II, Myconel, Myco-triacet II, Mytrex, Tri-Statin)	(1)	(1)	(1)	(1)
5. Steroid ^1. Specify: _____	(1)	(1)^	(1)^	(1)^

If the patient is receiving a topical medication not listed above, enter this information in Section 7.

6. Other

OTHER

A. Was the patient using any other medications?

Yes (1)* No (2)

(a) (b) (c) (d)

*B. If YES, check all that are applicable for each medication.

	Not Received	Within 3 Days of PK Collection	Within 7 Days of SAE Onset	Until close of SAE
1. Diphenhydramine (e.g., Benadryl)	(1)	(1)	(1)	(1)
2. Hydroxyzine (e.g., Anx, Atarax, Visaril)	(1)	(1)	(1)	(1)
3. Promethazine (e.g., Phenergan, Promacot, Promethegan)	(1)	(1)	(1)	(1)
4. Rantidine (e.g., Tritec, Zantac)	(1)	(1)	(1)	(1)

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7. Additional Medications

Please list all other prescriptions, over-the-counter (OTC) medications, vitamins and herbs not specified in Items 1-6 that the child received during the time period of interest. Record the type of concomitant medication. Check all time periods that are applicable for each medication.

	(a) Type of Con Med ¹	(b) Within 3 Days of PK Collection (1)	(c) Within 7 Days of SAE Onset (1)	(d) Until Close of SAE (1)
A. _____	<input type="checkbox"/>	(1)	(1)	(1)
B. _____	<input type="checkbox"/>	(1)	(1)	(1)
C. _____	<input type="checkbox"/>	(1)	(1)	(1)
D. _____	<input type="checkbox"/>	(1)	(1)	(1)
E. _____	<input type="checkbox"/>	(1)	(1)	(1)
F. _____	<input type="checkbox"/>	(1)	(1)	(1)
G. _____	<input type="checkbox"/>	(1)	(1)	(1)
H. _____	<input type="checkbox"/>	(1)	(1)	(1)
I. _____	<input type="checkbox"/>	(1)	(1)	(1)
J. _____	<input type="checkbox"/>	(1)	(1)	(1)
K. _____	<input type="checkbox"/>	(1)	(1)	(1)
L. _____	<input type="checkbox"/>	(1)	(1)	(1)
M. _____	<input type="checkbox"/>	(1)	(1)	(1)
N. _____	<input type="checkbox"/>	(1)	(1)	(1)
O. _____	<input type="checkbox"/>	(1)	(1)	(1)

¹Type of concomitant medication

- | | |
|--------------|-------------|
| 1 Supplement | 4 Pulmonary |
| 2 Antibiotic | 5 Topical |
| 3 Analgesic | 6 Other |

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PART IV. COORDINATOR INFORMATION

1. Checked for completion and accuracy:

A. Certification Number: -

CERT_NO

B. Signature: _____

CERT_SIG

C. General Comments:

GEN_CMNT

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