|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Was pharmacokinetic sampling performed?** | | | Yes | | | | | No | | | | |
| **Planned time point** | **Was the sample collected?** | | **Fasting?** | | **Collection Date** | **Collection Time** | **Status of result:**  *1 = Normal*  *2 = Abnormal not clinically significant*  *3 = Abnormal clinically significant* | | **If Abnormal CS, please give description and report as an Adverse Event** | **Was PK sample taken and processed as per protocol?** | | **If no, please provide a reason**  *1 = Haemolysed*  *2 = Technical error*  *3 = Other (please specify)* |
| Yes | No | Yes | No | **Yes** | **No** |
| ***Time point 1*** |  |  |  |  | **DD / MM / YYYY** |  |  | |  |  | |  |
| ***Time point 2*** |  |  |  |  | **DD / MM / YYYY** |  |  | |  |  | |  |
| ***Time point 3*** |  |  |  |  | **DD / MM / YYYY** |  |  | |  |  | |  |
| ***Time point 4*** |  |  |  |  | **DD / MM / YYYY** |  |  | |  |  | |  |