Site Number	Subject Number

Form EC - Exposure as Collected

1 EC - Exposure as Collected

1.1	Study Treatment Label Identifier		**ECREFID**
1.2	Start Date (DD-MMM-YYYY)		**ECSTDAT**
1.3	End Date (DD-MMM-YYYY)		**ECENDAT**
1.4	Dose		**ECDSTXT**
1.5	Units	○ [CAPSULE] Capsule ○ [g] Gram ○ [IU] International Unit ○ [ug] Microgram ○ [mg] Milligram ○ [mL] Mililiter ○ [PUFF] Puff ○ [TABLET] Tablet	**ECDOSU**
1.6	Frequency	○ [PRN] As Needed ○ [QID] 4 Times per Day ○ [TID] Three Times Daily ○ [BID] Twice Daily ○ [QD] Daily ○ [QOD] Every Other Day ○ [QM] Every Month	**ECDOSFRQ**

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1.7	Route	○ [INTRALESIONAL] Intralesional ECROUTE
		○ [INTRAMUSCULAR] Intramuscular
		○ [INTRAOCULAR] Intraocular
		○ [INTRAPERITONEAL] Intraperitoneal
		○ [NASAL] Nasal
		○ [ORAL] Oral
		○ [RECTAL] Rectal
		○ [RESPIRATORY (INHALATION)] Respiratory (Inhalation)
		○ [SUBCUTANEOUS] Subcutaneous
		○ [TOPICAL] Topical
		○ [TRANSDERMAL] Transdermal
		○ [VAGINAL] Vaginal
1.8	Was the dose adjusted?	○ [N] No ECDOSADJ
		○ [Y] Yes
		What was the reason the dose was adjusted?
		[_____] ECADJ
1.9	Was the study treatment interrupted?	○ [N] No ECITRPYN
		○ [Y] Yes
		What was the duration of the treatment interruption?
		[_____] ECCINTD
		What was the interruption duration unit?
		○ [MINUTES] Minutes ECCINTDU
		○ [HOURS] Hours
		○ [DAYS] Days
1.10	Did the subject complete the full course of study treatment?	○ [N] No ECTRTCMP
		○ [Y] Yes