|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Número de sujeto | | |  | | | Iniciales del sujeto | | |  | | | Código del protocolo | | |  | |
|  | |  | | | | | | | | | | | | | | |
| Medicamento de estudio | | | | | | | | | | | | | | | | |
| **Visita** | **Kit** | | | **Cantidad dispensada** | **Fecha de entrega**  **dd-mmm-aaaa** | | **Iniciales de quien entregó** | **Cantidad devuelta** | | **Cantidad usada** | **Fecha de devolución dd-mmm-aaaa** | | **Porcentaje de apego** | **Iniciales de quien recibió** | | **Iniciales de quien verifica** |
|  |  | | |  |  | |  |  | |  |  | |  |  | |  |
|  |  | | |  |  | |  |  | |  |  | |  |  | |  |
|  |  | | |  |  | |  |  | |  |  | |  |  | |  |
|  |  | | |  |  | |  |  | |  |  | |  |  | |  |
|  |  | | |  |  | |  |  | |  |  | |  |  | |  |
|  |  | | |  |  | |  |  | |  |  | |  |  | |  |
|  |  | | |  |  | |  |  | |  |  | |  |  | |  |
|  |  | | |  |  | |  |  | |  |  | |  |  | |  |
|  |  | | |  |  | |  |  | |  |  | |  |  | |  |
|  |  | | |  |  | |  |  | |  |  | |  |  | |  |
|  |  | | |  |  | |  |  | |  |  | |  |  | |  |
|  |  | | |  |  | |  |  | |  |  | |  |  | |  |
|  |  | | |  |  | |  |  | |  |  | |  |  | |  |
|  |  | | |  |  | |  |  | |  |  | |  |  | |  |
|  |  | | |  |  | |  |  | |  |  | |  |  | |  |