Day 1		Day 2		Day 3		
7	10	3	2	4	2	
2	8	9	10	 3	10	_
7	3	5	4	1	9	Treatment Absent Preser
5	3	8	1	8	7	
6	10	5	8	 10	2	
9	1	6	7	1	8	
4	6	4	3	 4	9	
1	9	7	9	5	6	
8	4	10	2	7	6	
5	2	1	6	 5	3	_