

SWEDISH MATCH AB		Subject Number: 123456
Protocol Number: SM 08-01	Investigator: Srinivas	Subject Initials: ____. ____.
Covance Study Number: 7694-105	Site: ABC	

INFORMATION SESSION

Date of Information Session	Did the subject attend the Information Session?	Comments
22 / 02 / 2023 DD/MMM/YYYY	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No (explain, if No)	

SUBJECT ELIGIBILITY

Date the Subject Signed the Informed Consent Form: 22 / 02 / 2023 DD/MMM/YYYY				
Did the subject meet all of the inclusion/exclusion criteria? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No				
If the subject did not meet all of the Inclusion/Exclusion criteria, provide criterion number and explanation below.				
Category	Inclusion/Exclusion No.	Explanation	Exemption Granted?	If Yes, Date Granted DD/MMM/YYYY
1 <input type="checkbox"/> Inclusion 2 <input type="checkbox"/> Exclusion			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	____/____/____
1 <input type="checkbox"/> Inclusion 2 <input type="checkbox"/> Exclusion			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	____/____/____
1 <input type="checkbox"/> Inclusion 2 <input type="checkbox"/> Exclusion			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	____/____/____

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SCREENING

DEMOGRAPHICS

Date DD/MMM/YYYY	Date of Birth DD/MMM/YYYY	Gender	Ethnicity
26 / 03 / 2023	14 / 06 / 1988	1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input checked="" type="checkbox"/> Hispanic or Latino 2 <input type="checkbox"/> Not Hispanic or Latino
Race			
1 <input checked="" type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 5 <input type="checkbox"/> American Indian/Alaskan Native 6 <input type="checkbox"/> Other: _____			

BODY MEASUREMENTS

Were Body Measurements Collected?		Date DD/MMM/YYYY
1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		26 / 03 / 2023
Parameter	Unit	Result
Height	in	165 ____ . ____

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SCREENING

VITAL SIGNS

Were vital signs collected?	Date DD/MMM/YYYY	Actual Time 24-hour clock	Was Subject seated for 5 minutes?
1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	<u>25</u> / <u>03</u> / <u>2023</u>	<u>10</u> : <u>45</u>	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No
Parameter	Unit	Result	
Systolic Blood Pressure	mmHg	<u>124</u> _____	
Diastolic Blood Pressure	mmHg	<u>139/89</u> _____	
Heart Rate	beats/minute	<u>95</u> _____	
Respiratory Rate	breaths/minute	<u>18</u> _____	
Body Temperature	°C	<u>102</u> _____ . _____	
Weight	lb	<u>85</u> _____ . _____	