

TNO:

--	--	--	--



Study Drug Administration

DOSE 1

Date and time of dose:

--	--	--	--	--	--	--	--

DD/MMM/YYYY

		:		
--	--	---	--	--

HH/MM

Drug given

Mannitol 20%

☐

Mannitol 15%

☐

Mannitol 10%

☐

Sodium chloride 30%

☐

Sodium chloride 5%

☐

Sodium chloride 2.7%

☐

Other, please specify _____

☐

Dose administered

_____ ml

DOSE 2

Date and time of dose:

--	--	--	--	--	--	--	--

DD/MMM/YYYY

		:		
--	--	---	--	--

HH/MM

Drug given

Mannitol 20%

☐

Mannitol 15%

☐

Mannitol 10%

☐

Sodium chloride 30%

☐

Sodium chloride 5%

☐

Sodium chloride 2.7%

☐

Other, please specify _____

☐

Dose administered

_____ ml

DOSE 3

Date and time of dose:

--	--	--	--	--	--	--	--

DD/MMM/YYYY

		:		
--	--	---	--	--

HH/MM

Drug given

Mannitol 20%

☐

Mannitol 15%

☐

Mannitol 10%

☐

TNO:

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Study Drug Administration

	Sodium chloride 30%	<input type="checkbox"/>
	Sodium chloride 5%	<input type="checkbox"/>
	Sodium chloride 2.7%	<input type="checkbox"/>
	Other, please specify _____	<input type="checkbox"/>
Dose administered	_____ ml	

DOSE 4

Date and time of dose:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> DD/MMM/YYYY									<table border="1"> <tr> <td></td><td></td><td>:</td><td></td><td></td> </tr> </table> HH/MM			:		
		:													
Drug given	Mannitol 20%	<input type="checkbox"/>													
	Mannitol 15%	<input type="checkbox"/>													
	Mannitol 10%	<input type="checkbox"/>													
	Sodium chloride 30%	<input type="checkbox"/>													
	Sodium chloride 5%	<input type="checkbox"/>													
	Sodium chloride 2.7%	<input type="checkbox"/>													
	Other, please specify _____	<input type="checkbox"/>													
Dose administered	_____ ml														

DOSE 5

Date and time of dose:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> DD/MMM/YYYY									<table border="1"> <tr> <td></td><td></td><td>:</td><td></td><td></td> </tr> </table> HH/MM			:		
		:													
Drug given	Mannitol 20%	<input type="checkbox"/>													
	Mannitol 15%	<input type="checkbox"/>													
	Mannitol 10%	<input type="checkbox"/>													
	Sodium chloride 30%	<input type="checkbox"/>													
	Sodium chloride 5%	<input type="checkbox"/>													
	Sodium chloride 2.7%	<input type="checkbox"/>													
	Other, please specify _____	<input type="checkbox"/>													
Dose administered	_____ ml														

TNO:

--	--	--	--



Study Drug Administration

DOSE 6

Date and time of dose:

--	--	--	--	--	--	--	--

DD/MMM/YYYY

		:		
--	--	---	--	--

HH/MM

Drug given

Mannitol 20%

☐

Mannitol 15%

☐

Mannitol 10%

☐

Sodium chloride 30%

☐

Sodium chloride 5%

☐

Sodium chloride 2.7%

☐

Other, please specify _____

☐

Dose administered

_____ml

DOSE 7

Date and time of dose:

--	--	--	--	--	--	--	--

DD/MMM/YYYY

		:		
--	--	---	--	--

HH/MM

Drug given

Mannitol 20%

☐

Mannitol 15%

☐

Mannitol 10%

☐

Sodium chloride 30%

☐

Sodium chloride 5%

☐

Sodium chloride 2.7%

☐

Other, please specify _____

☐

Dose administered

_____ml

FORM COMPLETED BY:

Name (please print):

Date completed:

--	--	--	--	--	--	--	--

DD/MMM/YYYY

Signature: