

## ADMINISTERED TRIAL MEDICATION

Support: [mail](#) or +45 3545 7237

### Day 1 of intervention period

Day start date:  Day start time:   
Day end date:  Day end time:

ATM1 How was the trial medication delivered on this day? [\[info\]](#)  
 Continuous infusion  
 Bolus injections  
 No trial medication administered

ATM1a Please apply the estimated cumulated dose of trial medication given on this day.  (mL)  Unobtainable

ATM1b Was the trial medication given to the patient on this day as per protocol?  
 Yes [\[info\]](#)  
 No

*Please provide reason(s) for violating the protocol on this day*

ATM1c By error/lack of resources?  
 Yes  
 No

ATM1d Other reason?  
 Yes  
 No

ATM1da Please specify

### Day 2 of intervention period

Day start date:  Day start time:   
Day end date:  Day end time:

ATM1 How was the trial medication delivered on this day? [\[info\]](#)  
 Continuous infusion  
 Bolus injections  
 No trial medication administered

ATM1a Please apply the estimated cumulated dose of trial medication given on this day.  (mL)  Unobtainable

ATM1b Was the trial medication given to the patient on this day as per protocol?  
 Yes [\[info\]](#)  
 No

*Please provide reason(s) for violating the protocol on this day*

ATM1c By error/lack of resources?  
 Yes  
 No

ATM1d Other reason?  
 Yes  
 No

ATM1da Please specify

### Day 3 of intervention period

Day start date:  Day start time:   
Day end date:  Day end time:

ATM1 How was the trial medication delivered on this day? [\[info\]](#)  
 Continuous infusion  
 Bolus injections  
 No trial medication administered

ATM1a Please apply the estimated cumulated dose of trial medication given on this day.  (mL)  Unobtainable

ATM1b Was the trial medication given to the patient on this day as per protocol?  
 Yes [\[info\]](#)  
 No

*Please provide reason(s) for violating the protocol on this day*

ATM1c By error/lack of resources?  
 Yes  
 No

ATM1d Other reason?  
 Yes  
 No

ATM1da Please specify

### Day 4 of intervention period

Day start date:  Day start time:   
Day end date:  Day end time:

ATM1 How was the trial medication delivered on this day? [\[info\]](#)  
 Continuous infusion  
 Bolus injections  
 No trial medication administered

ATM1a Please apply the estimated cumulated dose of trial medication given on this day.  (mL)  Unobtainable

ATM1b Was the trial medication given to the patient on this day as per protocol?  
 Yes [\[info\]](#)  
 No

*Please provide reason(s) for violating the protocol on this day*

ATM1c By error/lack of resources?  
 Yes  
 No

ATM1d Other reason?  
 Yes  
 No

ATM1da Please specify

### Day 5 of intervention period

Day start date:  Day start time:   
Day end date:  Day end time:

ATM1	How was the trial medication delivered on this day?	<input type="radio"/> Continuous infusion <a href="#">[info]</a> <input type="radio"/> Bolus injections <input type="radio"/> No trial medication administered
ATM1a	Please apply the estimated cumulated dose of trial medication given on this day.	<input type="text"/> (mL) <input type="checkbox"/> Unobtainable
ATM1b	Was the trial medication given to the patient on this day as <u>per protocol</u> ?	<input type="radio"/> Yes <a href="#">[info]</a> <input type="radio"/> No
<i>Please provide reason(s) for violating the protocol on this day</i>		
ATM1c	By error/lack of resources?	<input type="radio"/> Yes <input type="radio"/> No
ATM1d	Other reason?	<input type="radio"/> Yes <input type="radio"/> No
ATM1da	Please specify	<input type="text"/>
<b>Day 6 of intervention period</b>		
Day start date:	<input type="text"/>	Day start time: <input type="text"/>
Day end date:	<input type="text"/>	Day end time: <input type="text"/>
ATM1	How was the trial medication delivered on this day?	<input type="radio"/> Continuous infusion <a href="#">[info]</a> <input type="radio"/> Bolus injections <input type="radio"/> No trial medication administered
ATM1a	Please apply the estimated cumulated dose of trial medication given on this day.	<input type="text"/> (mL) <input type="checkbox"/> Unobtainable
ATM1b	Was the trial medication given to the patient on this day as <u>per protocol</u> ?	<input type="radio"/> Yes <a href="#">[info]</a> <input type="radio"/> No
<i>Please provide reason(s) for violating the protocol on this day</i>		
ATM1c	By error/lack of resources?	<input type="radio"/> Yes <input type="radio"/> No
ATM1d	Other reason?	<input type="radio"/> Yes <input type="radio"/> No
ATM1da	Please specify	<input type="text"/>
<b>Day 7 of intervention period</b>		
Day start date:	<input type="text"/>	Day start time: <input type="text"/>
Day end date:	<input type="text"/>	Day end time: <input type="text"/>
ATM1	How was the trial medication delivered on this day?	<input type="radio"/> Continuous infusion <a href="#">[info]</a> <input type="radio"/> Bolus injections <input type="radio"/> No trial medication administered
ATM1a	Please apply the estimated cumulated dose of trial medication given on this day.	<input type="text"/> (mL) <input type="checkbox"/> Unobtainable

ATM1b Was the trial medication given to the patient on this day as per protocol?  Yes [\[info\]](#)  
 No

*Please provide reason(s) for violating the protocol on this day*

ATM1c By error/lack of resources?  Yes  
 No

ATM1d Other reason?  Yes  
 No

ATM1da Please specify

### Day 8 of intervention period

Day start date:  Day start time:

Day end date:  Day end time:

ATM1 How was the trial medication delivered on this day?  Continuous infusion [\[info\]](#)  
 Bolus injections  
 No trial medication administered

ATM1a Please apply the estimated cumulated dose of trial medication given on this day.  (mL)  Unobtainable

ATM1b Was the trial medication given to the patient on this day as per protocol?  Yes [\[info\]](#)  
 No

*Please provide reason(s) for violating the protocol on this day*

ATM1c By error/lack of resources?  Yes  
 No

ATM1d Other reason?  Yes  
 No

ATM1da Please specify