## TLC Trial Form TX0.04 formerly Form RX1

## Initiation of Treatment

Center ID:		
Study ID:	T	
Visit Code:		Т
Date of Visit	/	/

		is to be filled out at the initiation of each	chround of treatment.
S I UI 1.	DY DRUG DISPEN Treatment round	( ), First T0 ( ), Second ( ), Third	T4 T8
2.	Study drug bottle number		Second bottle for BSA Class F only
	Place label from <b>STUDY DRUG BOTTLE</b> in this box		Place label from  STUDY DRUG BOTTLE  in this box
3.	Is this child currently to	aking any prescription medicine?	( ) <sub>1</sub> Yes, specify
ADM	IINISTRATIVE MA	TTERS	
4.	TLC Staff	ignature	TLC Code

**COMMENTS**