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Use Product Again - VAS

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2nd Use - Direct Effects of Product Questionnaire

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Visit Date

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Part B - Controlled Usual Brand Dosing Log

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1st Use - Tobacco/Nicotine Questionnaire

2nd Use - Tobacco/Nicotine Questionnaire

1st Use - Direct Effects of Product Questionnaire

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**DM=Demographics**

**DS=Disposition**

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ICF at Screening

**DSDECOD/DSTERM=INFORMED CONSENT OBTAINED**

Was the most current IRB approved version of the Informed Consent signed by the subject?  Yes  No

**[NOT SUBMITTED]**

**RFICDTC**

Date Subject Signed ICF: (Original signature) [2] ICF Version: [3] ICF Version Date: [4]

1

More rows: 1 5 10

**DSDTC/DSSTDTC**

**SUPPDS.QVAL, when QNAM=ICFVRDTC**

**SUPPDS.QVAL, when QNAM=ICFVRN**

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## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Was the most current IRB approved version of the Informed Consent signed by the subject?	DSYN	Categorical yes/no (dichotomous)	3	
[2]	Date Subject Signed ICF: (Original signature)	DSDAT	Date	11	
[3]	ICF Version:	DSVERS	Categorical select one (nominal)	17	v1 ICF CEG-P1-078 v2 ICF CEG-P1-078
[4]	ICF Version Date:	DSV DAT	Date	11	

**[NOT SUBMITTED]**

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Visit Date at Screening,Day -1,Day 1,Day 2,Day 3,Day 4,Day 5,Day 6,Early Term

Visit Done?  Yes  No [1]

Date of Visit:  [2]

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## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Visit Done?	SVYN	Categorical yes/no (dichotomous)	3	
[2]	Date of Visit:	SVSTDAT	Date	11	

**IE=Inclusion/ Exclusion Criteria Not Met**

**CO=COMMENTS**

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INCL/EXCL Criteria Summary at Screening

Does the subject meet all eligibility criteria required by the protocol?  Yes  No

**[NOT SUBMITTED]**

**IECAT=INCLUSION**

If NO, please specify the inclusion and/or exclusion criteria number:

Specify: [2]

Number: [3]

Comment: [4]

- 1  Inclusion criteria  
 Exclusion criteria

**COVAL where COREF=INCLUSION/  
EXCLUSION CRITERIA**

More rows: 1 5 10

**IECAT=EXCLUSION**

**IETESTCD=EXCLXX when IECAT=EXCLUSION  
or INCLXX when IECAT=INCLUSION**

# CEG\_P1\_078

## Variable details

	Name	Export Name	Type	Max length	Categories
[1]	Does the subject meet all eligibility criteria required by the protocol?	IEYN	Categorical yes/no (dichotomous)	3	
[2]	Specify:	IECAT	Categorical select one (nominal)	18	
[3]	Number:	IETESTCD	Categorical select one (nominal)	6	INCL01 INCL02 INCL03 INCL04 INCL05 INCL06 INCL07 INCL08 INCL09 INCL10 INCL11 EXCL01 EXCL02 EXCL03 EXCL04 EXCL05 EXCL06 EXCL07 EXCL08 EXCL09 EXCL10 EXCL11 EXCL12 EXCL13 EXCL14 EXCL15 EXCL16 EXCL17 EXCL18
[4]	Comment:	IECOM	Text or Any Value	200	

**DM=Demographics**

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Demographics at Screening

Visit Date:  [1] **DMDTC**

Date of Birth:  [2] **BRTHDTC**

Age:  [3] **AGE**

Age Unit:  [4] **AGEU**

Gender:  M [5] **SEX**  
 F

Ethnicity:  HISPANIC OR LATINO [6] **ETHNIC**  
 NOT HISPANIC OR LATINO  
 UNKNOWN

Race:  WHITE [7] **RACE**  
 BLACK OR AFRICAN AMERICAN  
 ASIAN  
 AMERICAN INDIAN OR ALASKA NATIVE  
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER  
 OTHER

**Set to MULTIPLE and individual race values are captured as SUPPDM.QVAL where QNAM=RACE1, RACE2, etc. when more than one race selected**

Other, Specify:  [8] **SUPPDM.QVAL where QNAM=RACEOTH**

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## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Visit Date:	DMDAT	Date	11	
[2]	Date of Birth:	DMBRTHDAT	Date	11	
[3]	Age:	DMAGE	Number (continuous)	15	
[4]	Age Unit:	DMAGEU	Text or Any Value	4000	
[5]	Gender:	DMSEX	Categorical select one (nominal)	1	
[6]	Ethnicity:	DMETHNIC	Categorical select one (nominal)	22	
[7]	Race:	DMRACE	Categorical select multiple	41	
[8]	Other, Specify:	DMRCOT	Text or Any Value	200	

**MH=Medical History**

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Medical History at Screening

**MHCAT=GENERAL**

Does the subject have any relevant medical or surgical history (including drug allergies)?

Yes **[NOT SUBMITTED]**  
 No

Date of Visit:

**MHDTC**

**MHTERM**

**MHENRF**

Medical History #: [3]

Body System Code: [4]

If other, please specify: [5]

Condition: [6]

Onset Date: [7]

Date Resolved: [8]

Ongoing? [9]

Safety Review: [10]

1

Yes  No

Not Clinically Significant

Clinically Significant

**MHSPID**

**MHSCAT**

**SUPPMH.QVAL where QNAM=MHOTHSP**

**MHSTDTC**

**MHENDTC**

**SUPPMH.QVAL where QNAM=MHCLSIG**

More rows: 1 5 10

Does the subject self-report the desire to smoke within approximately 30 minutes of waking?

[11]

**SUPPMH.QVAL where QNAM=MHSMK**

Does the subject have a history of recreational drug use?

[12]

**SUPPMH.QVAL where QNAM=MHRECUSE**

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## Variable details

	Name	Export Name	Type	Max length	Categories
[1]	Does the subject have any relevant medical or surgical history (including drug allergies)?	MHYN	Categorical yes/no (dichotomous)	3	
[2]	Date of Visit:	MHDAT	Date	11	
[3]	Medical History #:	MHNUM	Number (continuous)	15	
[4]	Body System Code:	MHSCAT	Categorical select one (nominal)	34	HEENT Respiratory Cardiovascular Gastrointestinal Genitourinary/Renal Musculoskeletal Psychiatric/Neurologic Endocrine/Metabolic Hematopoietic/Lymphatic Dermatologic Immunologic/Allergies Oncologic Acute, Chronic, Infectious Disease Hepatic Surgical Other, Specify
[5]	If other, please specify:	MHOTHSP	Text or Any Value	200	
[6]	Condition:	MHSCAT	Text or Any Value	200	
[7]	Onset Date:	MHSTDAT	Date	11	
[8]	Date Resolved:	MHENDAT	Date	11	
[9]	Ongoing?	MHONGO	Categorical yes/no (dichotomous)	3	
[10]	Safety Review:	MHCLSIG	Categorical select one (nominal)	24	
[11]	Does the subject self-report the desire to smoke within approximately 30 minutes of waking?	MHSMK	Categorical yes/no (dichotomous)	3	Yes No
[12]	Does the subject have a history of recreational drug use?	MHRECUSE	Categorical yes/no (dichotomous)	3	Yes No

**RP=Reproductive System Findings**

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Female Contraceptive Method at Screening

**RPCAT=FEMALE CONTRACEPTIVE METHOD**

Visit Date:  [1] **RPDTC**

Childbearing Potential:  CHILDBEARING POTENTIAL [2]  
 NON-CHILDBEARING POTENTIAL

**RPTEST=Childbearing Potential**

**RPTESTCD=CHILDPOT**

**RPORRES should be "Yes" if Childbearing Potential and "No" if Non-Childbearing Potential**

Is subject considered post-menopausal?  Yes [3]  
 No

**RPORRES when RPTESTCD=MENOSTAT**

Last menses:  [4] **RPORRES when RPTESTCD=LMPSTDTC**

Please select the contraceptive method used by subject: [5] Start Date: [6]

**SUPPRP.QVAL where QNAM=BCMSTDTC**

1  [dropdown]

**RPTESTCD=BCMETHOD**

More rows: 1 5 10

Females of non-childbearing potential must meet at least one of the following criteria: [7] Procedure Date: [8]

1  [dropdown]

**if one criteria meet then SUPPRP.QVAL where QNAM=SCSUR else QNAM=SCSUR1 & etc.**

**SUPPRP.QVAL where QNAM=SCPRODAT**

More rows: 1 5 10

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## Variable details

	Name	Export Name	Type	Max length	Categories
[1]	Visit Date	SCDAT	Date	11	
[2]	Childbearing Potential:	SCSTATUS	Categorical select one (nominal)	26	
[3]	Is subject considered post-menopausal?	SCPOST	Categorical yes/no (dichotomous)	3	
[4]	Last menses:	SCMENDAT	Date	11	
[5]	Please select the contraceptive method used by subject:	SCTEST	Categorical select one (nominal)	32	ABSTINENCE BIRTH CONTROL PILL CONDOM WITH SPERMICIDE CONDOM WITH DIAPHRAGM CONDOM WITH CONTRACEPTIVE SPONGE INTRAUTERINE DEVICE
[6]	Start Date:	SCSTDAT	Date	11	
[7]	Females of non-childbearing potential must meet at least one of the following criteria:	SCSUR	Categorical select one (nominal)	57	Bilateral salpingo-oophorectomy or bilateral oophorectomy Tubal Ligation Hysterectomy Hysterectomy with bilateral salpingo-oophorectomy Post-menopausal
[8]	Procedure Date:	SCPRODAT	Date	11	

**PE=Physical Examination**

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Complete Physical Examination at Screening

**PECAT=COMPLETE**

Was the physical examination performed?  Yes  No [1]

**PESTAT=NOT DONE where PETESTCD=PEALL**

Examination Date:  [2]

**PEDTC**

Completion Time:  [3]

**Timepart of PEDTC**

**PETEST**

Body System Examined: [4]

Not done: [5] If Other, please specify: [6] Examination Result: [7] Abnormal Findings: [8]

**PEORRES is "NORMAL" or concatenation of "ABNORMAL" and abnormal findings value in parenthesis**

1	<input type="text" value="GENERAL APPEARANCE"/>	<input type="checkbox"/>	<input type="text"/>	<b>PEORRES</b>	<input type="radio"/> NORMAL <input type="radio"/> ABNORMAL NCS <input type="radio"/> ABNORMAL CS	<input type="text"/>
		<b>PESTAT</b>				
2	<input type="text" value="HEENT"/>	<input type="checkbox"/>	<input type="text"/>		<input type="radio"/> NORMAL <input type="radio"/> ABNORMAL NCS <input type="radio"/> ABNORMAL CS	<input type="text"/>
3	<input type="text" value="NECK/THYROID"/>	<input type="checkbox"/>	<input type="text"/>		<input type="radio"/> NORMAL <input type="radio"/> ABNORMAL NCS <input type="radio"/> ABNORMAL CS	<input type="text"/>
4	<input type="text" value="CARDIOVASCULAR"/>	<input type="checkbox"/>	<input type="text"/>		<input type="radio"/> NORMAL <input type="radio"/> ABNORMAL NCS <input type="radio"/> ABNORMAL CS	<input type="text"/>
5	<input type="text" value="RESPIRATORY"/>	<input type="checkbox"/>	<input type="text"/>		<input type="radio"/> NORMAL <input type="radio"/> ABNORMAL NCS <input type="radio"/> ABNORMAL CS	<input type="text"/>
6	<input type="text" value="GASTROINTESTINAL"/>	<input type="checkbox"/>	<input type="text"/>		<input type="radio"/> NORMAL <input type="radio"/> ABNORMAL NCS <input type="radio"/> ABNORMAL CS	<input type="text"/>
7	<input type="text" value="NEUROLOGICAL"/>	<input type="checkbox"/>	<input type="text"/>		<input type="radio"/> NORMAL <input type="radio"/> ABNORMAL NCS <input type="radio"/> ABNORMAL CS	<input type="text"/>
8	<input type="text" value="MUSCULOSKELETAL/EXTREMITIES"/>	<input type="checkbox"/>	<input type="text"/>		<input type="radio"/> NORMAL <input type="radio"/> ABNORMAL NCS <input type="radio"/> ABNORMAL CS	<input type="text"/>

**SUPPPE.QVAL="NCS" where QNAM=PECLSIG if the examination result is "ABNORMAL NCS" or SUPPPE.QVAL="CS" where QNAM=PECLSIG if the examination result is "ABNORMAL CS"**

**For Annotations see Page 17**

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9

SKIN

NORMAL

ABNORMAL NCS

ABNORMAL CS

10

OTHER

NORMAL

ABNORMAL NCS

ABNORMAL CS

**SUPPE.QVAL where QNAM=PETESTOT**

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Was the physical examination performed?	PEYN	Categorical yes/no (dichotomous)	3	
[2]	Examination Date:	PEDAT	Date	11	
[3]	Completion Time:	PETIM	Time	5	
[4]	Body System Examined:	PETEST	Categorical select one (nominal)	27	GENERAL APPEARANCE HEENT NECK/THYROID CARDIOVASCULAR RESPIRATORY GASTROINTESTINAL NEUROLOGICAL SKIN OTHER MUSCULOSKELETAL/EXTREMITIES
[5]	Not done:	PESTAT	Categorical yes/no (dichotomous)	3	
[6]	If Other, please specify:	PEOTHSP	Text or Any Value	200	
[7]	Examination Result:	PEORRES	Categorical select one (nominal)	12	
[8]	Abnormal Findings:	PEDESC	Text or Any Value	200	

**For Annotations see Page 17**

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Complete Physical Examination at Unscheduled Visit

Visit:  [1]

**[NOT SUBMITTED]**

Was the physical examination performed?  Yes  No [2]

Examination Date:  [3]

Completion Time:  [4]

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Body System Examined: [5]

Not done: [6] If Other, please specify: [7]

Examination Result: [8]

Abnormal Findings: [9]

1	GENERAL APPEARANCE ▾	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> NORMAL <input type="radio"/> ABNORMAL NCS <input type="radio"/> ABNORMAL CS	<input type="text"/>
2	HEENT ▾	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> NORMAL <input type="radio"/> ABNORMAL NCS <input type="radio"/> ABNORMAL CS	<input type="text"/>
3	NECK/THYROID ▾	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> NORMAL <input type="radio"/> ABNORMAL NCS <input type="radio"/> ABNORMAL CS	<input type="text"/>
4	CARDIOVASCULAR ▾	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> NORMAL <input type="radio"/> ABNORMAL NCS <input type="radio"/> ABNORMAL CS	<input type="text"/>
5	RESPIRATORY ▾	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> NORMAL <input type="radio"/> ABNORMAL NCS <input type="radio"/> ABNORMAL CS	<input type="text"/>
6	GASTROINTESTINAL ▾	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> NORMAL <input type="radio"/> ABNORMAL NCS <input type="radio"/> ABNORMAL CS	<input type="text"/>
7	NEUROLOGICAL ▾	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> NORMAL <input type="radio"/> ABNORMAL NCS <input type="radio"/> ABNORMAL CS	<input type="text"/>
8	MUSCULOSKELETAL/EXTREMITIES ▾	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> NORMAL <input type="radio"/> ABNORMAL NCS <input type="radio"/> ABNORMAL CS	<input type="text"/>
9	SKIN ▾	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> NORMAL <input type="radio"/> ABNORMAL NCS <input type="radio"/> ABNORMAL CS	<input type="text"/>
10	OTHER ▾	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> NORMAL <input type="radio"/> ABNORMAL NCS <input type="radio"/> ABNORMAL CS	<input type="text"/>

**SUPPE.QVAL where QNAM=PETESTOT**

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## Variable details

	Name	Export Name	Type	Max length	Categories
[1]	Visit:	PEVIS	Categorical select one (nominal)	17	Screening Day -1 Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Early Termination N/A
[2]	Was the physical examination performed?	PEYN	Categorical yes/no (dichotomous)	3	
[3]	Examination Date:	PEDAT	Date	11	
[4]	Completion Time:	PETIM	Time	5	
[5]	Body System Examined:	PETEST	Categorical select one (nominal)	27	GENERAL APPEARANCE HEENT NECK/THYROID CARDIOVASCULAR RESPIRATORY GASTROINTESTINAL NEUROLOGICAL SKIN OTHER MUSCULOSKELETAL/EXTREMITIES
[6]	Not done:	PESTAT	Categorical yes/no (dichotomous)	3	
[7]	If Other, please specify:	PEOTHSP	Text or Any Value	200	
[8]	Examination Result:	PEORRES	Categorical select one (nominal)	12	
[9]	Abnormal Findings:	PEDESC	Text or Any Value	200	

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Symptom Directed Physical Exam at Day -1, Day 6

**PECAT=SYMPTOM DIRECTED**

Was physical examination performed?  Yes  No [1]

Examination Date:  [2]

Completion Time:  [3]

ABBREVIATED (SYMPTOM-DIRECTED) PHYSICAL EXAM

Body System Examined: [4] Not done: [5] If Other, please specify: [6] Examination Results: [7] Abnormal Findings: [8]

1	<input type="text" value="General Appearance"/> ▾	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Normal	<input type="text"/>
				<input type="radio"/> Abnormal NCS	
				<input type="radio"/> Abnormal CS	
2	<input type="text" value="Respiratory"/> ▾	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Normal	<input type="text"/>
				<input type="radio"/> Abnormal NCS	
				<input type="radio"/> Abnormal CS	
3	<input type="text" value="Cardiovascular"/> ▾	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Normal	<input type="text"/>
				<input type="radio"/> Abnormal NCS	
				<input type="radio"/> Abnormal CS	
4	<input type="text" value="Gastrointestinal"/> ▾	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Normal	<input type="text"/>
				<input type="radio"/> Abnormal NCS	
				<input type="radio"/> Abnormal CS	
5	<input type="text" value="Other"/> ▾	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Normal	<input type="text"/>
				<input type="radio"/> Abnormal NCS	
				<input type="radio"/> Abnormal CS	

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Was physical examination performed?	PEYN	Categorical yes/no (dichotomous)	3	
[2]	Examination Date:	PEDAT	Date	11	
[3]	Completion Time:	PTIM	Time	5	
[4]	Body System Examined:	PETEST	Categorical select one (nominal)	18	General Appearance Respiratory Cardiovascular Gastrointestinal Other
[5]	Not done:	PESTAT	Categorical yes/no (dichotomous)	3	
[6]	If Other, please specify:	PEOTHSP	Text or Any Value	200	
[7]	Examination Results:	PEORRES	Categorical select one (nominal)	12	
[8]	Abnormal Findings:	PECLSIG	Text or Any Value	200	

**For Annotations see Page 17, 18**

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Symptom Directed Physical Exam at Early Term,Unscheduled Visit

**PECAT=SYMPTOM DIRECTED**

Visit:  [1]

**[NOT SUBMITTED]**

Was physical examination performed?  Yes  No [2]

Examination Date:  [3]

Completion Time:  [4]

ABBREVIATED (SYMPTOM-DIRECTED) PHYSICAL EXAM

Body System Examined: [5] Not done: [6] If Other, please specify: [7] Examination Results: [8] Abnormal Findings: [9]

1	<input type="text" value="General Appearance"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Normal	<input type="text"/>
				<input type="radio"/> Abnormal NCS	
				<input type="radio"/> Abnormal CS	
2	<input type="text" value="Respiratory"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Normal	<input type="text"/>
				<input type="radio"/> Abnormal NCS	
				<input type="radio"/> Abnormal CS	
3	<input type="text" value="Cardiovascular"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Normal	<input type="text"/>
				<input type="radio"/> Abnormal NCS	
				<input type="radio"/> Abnormal CS	
4	<input type="text" value="Gastrointestinal"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Normal	<input type="text"/>
				<input type="radio"/> Abnormal NCS	
				<input type="radio"/> Abnormal CS	
5	<input type="text" value="Other"/>	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Normal	<input type="text"/>
				<input type="radio"/> Abnormal NCS	
				<input type="radio"/> Abnormal CS	

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## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Visit:	PEVIS	Categorical select one (nominal)	17	Screening Day -1 Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Early Termination NA
[2]	Was physical examination performed?	PEYN	Categorical yes/no (dichotomous)	3	
[3]	Examination Date:	PEDAT	Date	11	
[4]	Completion Time:	PTIM	Time	5	
[5]	Body System Examined:	PETEST	Categorical select one (nominal)	18	General Appearance Respiratory Cardiovascular Gastrointestinal Other
[6]	Not done:	PESTAT	Categorical yes/no (dichotomous)	3	
[7]	If Other, please specify:	PEOTHSP	Text or Any Value	200	
[8]	Examination Results:	PEORRES	Categorical select one (nominal)	12	
[9]	Abnormal Findings:	PECLSIG	Text or Any Value	200	

**VS=Vital Signs**

CEG\_P1\_078

Height, Weight and BMI at Screening

Was the assessment performed?

Yes

No

**VSSTAT=NOT DONE where VSTESTCD=VSALL**

Visit Date:

**VSDTC**

Height:

cm [3]

**VSORRES/VSORRESU when VSTESTCD=HEIGHT**

Weight:

kg [4]

**VSORRES/VSORRESU when VSTESTCD=WEIGHT**

BMI:

kg/m<sup>2</sup> [5]

**VSORRES/VSORRESU when VSTESTCD=BMI**

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## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Was the assessment performed?	VSYN	Categorical yes/no (dichotomous)	3	
[2]	Visit Date:	VSDAT	Date	11	
[3]	Height:	VSHGT	Number (continuous)	15	
[4]	Weight:	VSWGTT	Number (continuous)	15	
[5]	BMI:	VSBMI	Number (continuous)	15	

**LB=Laboratory Test Results**

CEG\_P1\_078

Serology Lab Evaluation at Screening

**LBCAT=SEROLOGY**

Was the laboratory evaluation performed?

Yes [1]  
 No

**LBSTAT=NOT DONE, where LBTESTCD=LBALL**

**LBBTC**

Date of collection: [2]

Time of Collection: [3]

Time Unknown:  [4]

**NOT SUBMITTED**

Are all results within normal limits?

Yes [5]  
 No

**LBNRIND**

**LBTEST**

Test Name: [6] Clinical Significance as per MD:

**(Please record an AE for Clinically Significant results) [7]**

1

NCS  CS

**SUPPLB.QVAL, when SUPPLB.QNAM=LBCLSIG**

More rows: 1 5 10

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Was the laboratory evaluation performed?	LBYN	Categorical yes/no (dichotomous)	3	
[2]	Date of collection:	LBDAT	Date	11	
[3]	Time of Collection:	LBTIM	Time	5	
[4]	Time Unknown:	LBTMNK	Categorical yes/no (dichotomous)	3	
[5]	Are all results within normal limits?	LBNRIND	Categorical yes/no (dichotomous)	3	
[6]	Test Name:	LBTEST	Categorical select one (nominal)	37	HUMAN IMMUNODEFICIENCY VIRUS ANTIBODY HEPATITIS B VIRUS SURFACE ANTIGEN HEPATITIS C VIRUS ANTIBODY
[7]	Clinical Significance as per MD: (Please record an AE for Clinically Significant results)	LBCLSIG	Categorical select one (nominal)	3	

**For Annotations see Page 29**

CEG\_P1\_078

Serology Lab Evaluation at Unscheduled Visit

Visit:  [1] **[NOT SUBMITTED]**

Was the laboratory evaluation performed?  Yes [2]  
 No

Date of collection:  [3] Time of Collection:  [4] Time Unknown:  [5]

Are all results within normal limits?  Yes [6]  
 No

Test Name: [7] Clinical Significance as per MD:  
**(Please record an AE for Clinically Significant results) [8]**

1   NCS  CS

More rows: 1 5 10

# CEG\_P1\_078

## Variable details

	Name	Export Name	Type	Max length	Categories
[1]	Visit:	LBVIS	Categorical select one (nominal)	17	Screening Day -1 Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Early Termination N/A
[2]	Was the laboratory evaluation performed?	LBYN	Categorical yes/no (dichotomous)	3	
[3]	Date of collection:	LBDAT	Date	11	
[4]	Time of Collection:	LBTIM	Time	5	
[5]	Time Unknown:	LBTMNK	Categorical yes/no (dichotomous)	3	
[6]	Are all results within normal limits?	LBNRIND	Categorical yes/no (dichotomous)	3	
[7]	Test Name:	LBTEST	Categorical select one (nominal)	37	HUMAN IMMUNODEFICIENCY VIRUS ANTIBODY HEPATITIS B VIRUS SURFACE ANTIGEN HEPATITIS C VIRUS ANTIBODY
[8]	Clinical Significance as per MD: (Please record an AE for Clinically Significant results)	LBCLSIG	Categorical select one (nominal)	3	

**LB=Laboratory Test Results**

CEG\_P1\_078

Serum Pregnancy Test at Screening

**LBCAT=PREGNANCY**

**LBTESTCD=HCG**

**LBSPEC=SERUM**

Was Serum Pregnancy Test performed?

- Yes [1]
- No

**LBSTAT=NOT DONE, where LBTESTCD=LBALL**

**LBDC**

Date of collection:

[2]

Time of Collection:

[3]

Time Unknown:

[4]

**[NOT SUBMITTED]**

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Was Serum Pregnancy Test performed?	LBHCGYN	Categorical yes/no (dichotomous)	3	
[2]	Date of collection:	LBDAT	Date	11	
[3]	Time of Collection:	LBTIM	Time	5	
[4]	Time Unknown:	LBTMNK	Categorical yes/no (dichotomous)	3	

**For Annotations see Page 33**

CEG\_P1\_078

Serum Pregnancy Test at Unscheduled Visit

Visit:

**[NOT SUBMITTED]**

Was Serum Pregnancy Test performed?  Yes [2]

No

Date of collection:  [3] Time of Collection:  [4] Time Unknown:  [5]

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Visit:	LBVIS	Categorical select one (nominal)	17	Screening Day -1 Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Early Termination N/A
[2]	Was Serum Pregnancy Test performed?	LBHCGYN	Categorical yes/no (dichotomous)	3	
[3]	Date of collection:	LBDAT	Date	11	
[4]	Time of Collection:	LBTIM	Time	5	
[5]	Time Unknown:	LBTMNK	Categorical yes/no (dichotomous)	3	

**LB=Laboratory Test Results**

CEG\_P1\_078

Urine Pregnancy Test at Day -1

**LBCAT=PREGNANCY**

**LBTESTCD=HCG**

**LBSPEC=URINE**

Was Urine Pregnancy Test performed?

- Yes [1]
- No

**LBSTAT=NOT DONE, where LBTESTCD=LBALL**

Date of collection:

Time of Collection:

Time Unknown:

**NOT SUBMITTED**

[2]

[3]

[4]

**LBDTC**

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Was Urine Pregnancy Test performed?	LBHCGYN	Categorical yes/no (dichotomous)	3	
[2]	Date of collection:	LBDAT	Date	11	
[3]	Time of Collection:	LBTIM	Time	5	
[4]	Time Unknown:	LBTMNK	Categorical yes/no (dichotomous)	3	

**For Annotations see Page 37**

CEG\_P1\_078

Urine Pregnancy Test at Unscheduled Visit

Visit:  [1]

Was Urine Pregnancy Test performed?  Yes [2]

No

Date of collection:  [3]

Time of Collection:  [4]

[5]

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Visit:	LBVIS	Categorical select one (nominal)	17	Screening Day -1 Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Early Termination N/A
[2]	Was Urine Pregnancy Test performed?	LBHCGYN	Categorical yes/no (dichotomous)	3	
[3]	Date of collection:	LBDAT	Date	11	
[4]	Time of Collection:	LBTIM	Time	5	
[5]	Time Unknown:	LBTMNK	Categorical yes/no (dichotomous)	3	

**LB=Laboratory Test Results**

CEG\_P1\_078

UDS and Alcohol Laboratory Evaluation at Screening, Day -1

**LBCAT=URINE DRUG SCREEN**

Was the laboratory evaluation performed?

Yes [1]

No

**LBSTAT=NOT DONE, where LBTESTCD=LBALL**

**LB DTC**

Date of collection: [2] Time of Collection: [3] Time Unknown: [4]

**[NOT SUBMITTED]**

Are all results within normal limits?

Yes [5]

No

**LBNRIND**

**LBTEST**

Test Name: [6] Clinical Significance as per MD:

[7]

1

NCS  CS

**SUPPLB.QVAL, when SUPPLB.QNAM=LBCLSIG**

More rows: 1 5 10

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Was the laboratory evaluation performed?	LBYN	Categorical yes/no (dichotomous)	3	
[2]	Date of collection:	LBDAT	Date	11	
[3]	Time of Collection:	LBTIM	Time	5	
[4]	Time Unknown:	LBTMNK	Categorical yes/no (dichotomous)	3	
[5]	Are all results within normal limits?	LBNRIND	Categorical yes/no (dichotomous)	3	
[6]	Test Name:	LBTEST	Categorical select one (nominal)	26	Tetrahydrocannabinol (THC) Opioids Amphetamines Cocaine Benzodiazepines Alcohol Morphine Codeine Heroin Hydrocodone Hydromorphone Oxycodone
[7]	Clinical Significance as per MD:	LBCLSIG	Categorical select one (nominal)	3	

CEG\_P1\_078

UDS and Alcohol Laboratory Evaluation at Unscheduled Visit

Visit:

**[NOT SUBMITTED]**

Was the laboratory evaluation performed?  Yes [2]

No

Date of collection:  [3] Time of Collection:  [4] Time Unknown:  [5]

Are all results within normal limits?  Yes [6]

No

Test Name: [7] Clinical Significance as per MD: [8]

1   NCS  CS

More rows: 1 5 10

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Visit:	LBVIS	Categorical select one (nominal)	17	Screening Day -1 Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Early Termination N/A
[2]	Was the laboratory evaluation performed?	LBYN	Categorical yes/no (dichotomous)	3	
[3]	Date of collection:	LBDAT	Date	11	
[4]	Time of Collection:	LBTIM	Time	5	
[5]	Time Unknown:	LBTMNK	Categorical yes/no (dichotomous)	3	
[6]	Are all results within normal limits?	LBNRIND	Categorical yes/no (dichotomous)	3	
[7]	Test Name:	LBTEST	Categorical select one (nominal)	26	Tetrahydrocannabinol (THC) Opioids Amphetamines Cocaine Benzodiazepines Alcohol Morphine Codeine Heroin Hydrocodone Hydromorphone Oxycodone
[8]	Clinical Significance as per MD:	LBCLSIG	Categorical select one (nominal)	3	

**LB=Laboratory Test Results**

CEG\_P1\_078

Cotinine Evaluation at Screening **LBCAT=COTININE**

Was the laboratory evaluation performed?  Yes  No [1]

**LBSTAT=NOT DONE, where LBTESTCD=LBALL**

Date of collection: [2] Time of Collection: [3] Time Unknown: [4]

**[NOT SUBMITTED]**

**LBDTC**

Is the result within range?  Yes [5]

**LBNRIND**

**LBTEST**

No

Test Name: [6] Clinical Significance as per MD:

[7]

**SUPPLB.QVAL, when SUPPLB.QNAM=LBCLSIG**

1 Cotinine ▾

NCS  CS

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Was the laboratory evaluation performed?	LBYN	Categorical yes/no (dichotomous)	3	
[2]	Date of collection:	LBDAT	Date	11	
[3]	Time of Collection:	LBTIM	Time	5	
[4]	Time Unknown:	LBTMNK	Categorical yes/no (dichotomous)	3	
[5]	Is the result within range?	LBNRIND	Categorical yes/no (dichotomous)	3	
[6]	Test Name:	LBTEST	Categorical select one (nominal)	8	Cotinine
[7]	Clinical Significance as per MD:	LBCLSIG	Categorical select one (nominal)	3	

**For Annotations see Page 45**

CEG\_P1\_078

Cotinine Evaluation at Unscheduled Visit

Visit:  [1] **[NOT SUBMITTED]**

Was the laboratory evaluation performed?  Yes  No [2]

Date of collection:  [3] Time of Collection:  [4] Time Unknown:  [5]

Is the result within range?  Yes [6]  
 No

Test Name: [7] Clinical Significance as per MD: [8]

1   NCS  CS

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Visit:	LBVIS	Categorical select one (nominal)	17	Screening Day -1 Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Early Termination N/A
[2]	Was the laboratory evaluation performed?	LBYN	Categorical yes/no (dichotomous)	3	
[3]	Date of collection:	LBDAT	Date	11	
[4]	Time of Collection:	LBTIM	Time	5	
[5]	Time Unknown:	LBTMNK	Categorical yes/no (dichotomous)	3	
[6]	Is the result within range?	LBNRIND	Categorical yes/no (dichotomous)	3	
[7]	Test Name:	LBTEST	Categorical select one (nominal)	8	Cotinine
[8]	Clinical Significance as per MD:	LBCLSIG	Categorical select one (nominal)	3	

**LB=Laboratory Test Results**

CEG\_P1\_078

Chemistry Laboratory Evaluation at Screening, Day 6

**LBCAT=CHEMISTRY**

Was the laboratory evaluation performed?  Yes [1]

**LBSTAT=NOT DONE, where LBTESTCD=LBALL**

No

**LBDTC**

Date of collection: [2]

Time of Collection: [3]

Time Unknown:  [4]

**[NOT SUBMITTED]**

Are all results within normal limits?

Yes [5]

**LBNRIND**

No

**LBTEST**

Test Name: [6] Clinical Significance as per MD:

**(Please record an AE for Clinically Significant results) [7]**

1

NCS  CS

**SUPPLB.QVAL, when SUPPLB.QNAM=LBCLSIG**

More rows: 1 5 10

# CEG\_P1\_078

## Variable details

	Name	Export Name	Type	Max length	Categories
[1]	Was the laboratory evaluation performed?	LBYN	Categorical yes/no (dichotomous)	3	
[2]	Date of collection:	LBDAT	Date	11	
[3]	Time of Collection:	LBTIM	Time	5	
[4]	Time Unknown:	LBTMNK	Categorical yes/no (dichotomous)	3	
[5]	Are all results within normal limits?	LBNRIND	Categorical yes/no (dichotomous)	3	
[6]	Test Name:	LBTEST	Categorical select one (nominal)	32	Sodium Potassium Glucose Creatinine Total Protein Blood Urea Nitrogen (BUN) Albumin Total Bilirubin Alanine Transferase (ALT) Aspartate Transferase (AST) Lactate Dehydrogenase (LD) Gamma-Glutamyl Transferase (GGT) Alkaline Phosphatase Creatine Phosphokinase (CK)
[7]	Clinical Significance as per MD: (Please record an AE for Clinically Significant results)	LBCLSIG	Categorical select one (nominal)	3	

**For Annotations see Page 49**

CEG\_P1\_078

Chemistry Laboratory Evaluation at Early Term, Unscheduled Visit

Visit:  [1] **[NOT SUBMITTED]**

Was the laboratory evaluation performed?  Yes [2]  
 No

Date of collection:  [3]  
Time of Collection:  [4]  
Time Unknown:  [5]

Are all results within normal limits?  Yes [6]  
 No

Test Name: [7] Clinical Significance as per MD:  
**(Please record an AE for Clinically Significant results) [8]**

1   NCS  CS

More rows: 1 5 10

# CEG\_P1\_078

## Variable details

	Name	Export Name	Type	Max length	Categories
[1]	Visit:	LBVIS	Categorical select one (nominal)	17	Screening Day -1 Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Early Termination N/A
[2]	Was the laboratory evaluation performed?	LBYN	Categorical yes/no (dichotomous)	3	
[3]	Date of collection:	LBDAT	Date	11	
[4]	Time of Collection:	LBTIM	Time	5	
[5]	Time Unknown:	LBTMNK	Categorical yes/no (dichotomous)	3	
[6]	Are all results within normal limits?	LBNRIND	Categorical yes/no (dichotomous)	3	
[7]	Test Name:	LBTEST	Categorical select one (nominal)	32	Sodium Potassium Glucose Creatinine Total Protein Blood Urea Nitrogen (BUN) Albumin Total Bilirubin Alanine Transferase (ALT) Aspartate Transferase (AST) Lactate Dehydrogenase (LD) Gamma-Glutamyl Transferase (GGT) Alkaline Phosphatase Creatine Phosphokinase (CK)
[8]	Clinical Significance as per MD: (Please record an AE for Clinically Significant results)	LBCLSIG	Categorical select one (nominal)	3	

**LB=Laboratory Test Results**

CEG\_P1\_078

Hematology Laboratory Evaluation at Screening, Day 6

**LBCAT=HEMATOLOGY**

Was the laboratory evaluation performed?  Yes [1]

No

**LBSTAT=NOT DONE, where LBTESTCD=LBALL**

Date of collection:  [2] Time of Collection:  [3] Time Unknown:  [4]

**LBDC**

**[NOT SUBMITTED]**

Are all results within normal limits?  Yes [5]

No

**LBTEST**

**LBNRIND**

Test Name: [6] Clinical Significance as per MD:

**(Please record an AE for Clinically Significant results) [7]**

1

NCS  CCS

**SUPPLB.QVAL, when SUPPLB.QNAM=LBCLSIG**

More rows: 1 5 10

# CEG\_P1\_078

## Variable details

	Name	Export Name	Type	Max length	Categories
[1]	Was the laboratory evaluation performed?	LBYN	Categorical yes/no (dichotomous)	3	
[2]	Date of collection:	LBDAT	Date	11	
[3]	Time of Collection:	LBTIM	Time	5	
[4]	Time Unknown:	LBTMNK	Categorical yes/no (dichotomous)	3	
[5]	Are all results within normal limits?	LBNRIND	Categorical yes/no (dichotomous)	3	
[6]	Test Name:	LBTEST	Categorical select one (nominal)	20	HEMATOCRIT HEMOGLOBIN RED BLOOD CELL WHITE BLOOD CELL PLATELET COUNT NEUTROPHILS ABSOLUTE NEUTROPHILS LYMPHOCYTES ABSOLUTE LYMPHOCYTES MONOCYTES ABSOLUTE MONOCYTES EOSINOPHILS ABSOLUTE EOSINOPHILS BASOPHILS ABSOLUTE BASOPHILS
[7]	Clinical Significance as per MD: (Please record an AE for Clinically Significant results)	LBCLSIG	Categorical select one (nominal)	3	

CEG\_P1\_078

Hematology Laboratory Evaluation at Early Term, Unscheduled Visit

Visit:  [1]

[NOT SUBMITTED]

Was the laboratory evaluation performed?  Yes [2]

No

Date of collection:  [3] Time of Collection:  [4] Time Unknown:  [5]

Are all results within normal limits?  Yes [6]

No

Test Name: [7] Clinical Significance as per MD:  
(Please record an AE for Clinically Significant results) [8]

1   NCS  CS

More rows: 1 5 10

# CEG\_P1\_078

## Variable details

	Name	Export Name	Type	Max length	Categories
[1]	Visit:	LBVIS	Categorical select one (nominal)	17	Screening Day -1 Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Early Termination N/A
[2]	Was the laboratory evaluation performed?	LBYN	Categorical yes/no (dichotomous)	3	
[3]	Date of collection:	LBDAT	Date	11	
[4]	Time of Collection:	LBTIM	Time	5	
[5]	Time Unknown:	LBTMNK	Categorical yes/no (dichotomous)	3	
[6]	Are all results within normal limits?	LBNRIND	Categorical yes/no (dichotomous)	3	
[7]	Test Name:	LBTEST	Categorical select one (nominal)	20	HEMATOCRIT HEMOGLOBIN RED BLOOD CELL WHITE BLOOD CELL PLATELET COUNT NEUTROPHILS ABSOLUTE NEUTROPHILS LYMPHOCYTES ABSOLUTE LYMPHOCYTES MONOCYTES ABSOLUTE MONOCYTES EOSINOPHILS ABSOLUTE EOSINOPHILS BASOPHILS ABSOLUTE BASOPHILS
[8]	Clinical Significance as per MD: (Please record an AE for Clinically Significant results)	LBCLSIG	Categorical select one (nominal)	3	

**LB=Laboratory Test Results**

CEG\_P1\_078

Urinalysis Laboratory Evaluation at Screening, Day 6

**LBCAT=URINALYSIS**

Was the laboratory evaluation performed?

- Yes [1]
- No

**LBSTAT=NOT DONE, where LBTESTCD=LBALL**

Date of collection: [2] Time of Collection: [3] Time Unknown:

[2] [3]

**LBDC**

[4]

**[NOT SUBMITTED]**

Are all results within normal limits?

- Yes [5]
- No

**LBNRIND**

**LBTEST**

Test Name: [6] Clinical Significance as per MD:

**(Please record an AE for Clinically Significant results) [7]**

1 [ ]

NCS  CS

**SUPPLB.QVAL, when SUPPLB.QNAM=LBCLSIG**

More rows: 1 5 10

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Was the laboratory evaluation performed?	LBYN	Categorical yes/no (dichotomous)	3	
[2]	Date of collection:	LBDAT	Date	11	
[3]	Time of Collection:	LBTIM	Time	5	
[4]	Time Unknown:	LBTMNK	Categorical yes/no (dichotomous)	3	
[5]	Are all results within normal limits?	LBNRIND	Categorical yes/no (dichotomous)	3	
[6]	Test Name:	LBTEST	Categorical select one (nominal)	25	Color Nitrite Specific Gravity pH Protein Glucose Ketones Occult Blood Bilirubin Urobilinogen WBC RBC Squamous Epithelial Cells Bacteria Hyaline Cast Crystals
[7]	Clinical Significance as per MD: (Please record an AE for Clinically Significant results)	LBCLSIG	Categorical select one (nominal)	3	

CEG\_P1\_078

Urinalysis Laboratory Evaluation at Early Term,Unscheduled Visit

Visit:  [1] **[NOT SUBMITTED]**

Was the laboratory evaluation performed?  Yes [2]  
 No

Date of collection:  [3] Time of Collection:  [4] Time Unknown:  [5]

Are all results within normal limits?  Yes [6]  
 No

Test Name: [7] Clinical Significance as per MD:  
**(Please record an AE for Clinically Significant results) [8]**

1   NCS  CS

More rows: 1 5 10

# CEG\_P1\_078

## Variable details

	Name	Export Name	Type	Max length	Categories
[1]	Visit:	LBVIS	Categorical select one (nominal)	17	Screening Day -1 Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Early Termination N/A
[2]	Was the laboratory evaluation performed?	LBYN	Categorical yes/no (dichotomous)	3	
[3]	Date of collection:	LBDAT	Date	11	
[4]	Time of Collection:	LBTIM	Time	5	
[5]	Time Unknown:	LBTMNK	Categorical yes/no (dichotomous)	3	
[6]	Are all results within normal limits?	LBNRIND	Categorical yes/no (dichotomous)	3	
[7]	Test Name:	LBTEST	Categorical select one (nominal)	25	Color Nitrite Specific Gravity pH Protein Glucose Ketones Occult Blood Bilirubin Urobilinogen WBC RBC Squamous Epithelial Cells Bacteria Hyaline Cast Crystals
[8]	Clinical Significance as per MD: (Please record an AE for Clinically Significant results)	LBCLSIG	Categorical select one (nominal)	3	

**LB=Laboratory Test Results**

CEG\_P1\_078

Endocrinology Evaluation at Screening

**LBCAT=ENDOCRINOLOGY**

Was the laboratory evaluation performed?  Yes [1]

No

**LBSTAT=NOT DONE, where LBTESTCD=LBALL**

Date of collection: [2] Time of Collection: [3] Time Unknown:

**LBDBC**

[4]

**[NOT SUBMITTED]**

**LBTEST**

Are all results within normal limits?

Yes [5]

No

**LBNRIND**

Test Name: [6]

Clinical Significance as per MD:

**(Please record an AE for Clinically Significant results) [7]**

1 FSH (Follicle-Stimulating Hormone) ▼

NCS  CS

**SUPPLB.QVAL, when SUPPLB.QNAM=LBCLSIG**

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Was the laboratory evaluation performed?	LBYN	Categorical yes/no (dichotomous)	3	
[2]	Date of collection:	LBDAT	Date	11	
[3]	Time of Collection:	LBTIM	Time	5	
[4]	Time Unknown:	LBTMNK	Categorical yes/no (dichotomous)	3	
[5]	Are all results within normal limits?	LBNRIND	Categorical yes/no (dichotomous)	3	
[6]	Test Name:	LBTEST	Categorical select one (nominal)	34	FSH (Follicle-Stimulating Hormone)
[7]	Clinical Significance as per MD: (Please record an AE for Clinically Significant results)	LBCLSIG	Categorical select one (nominal)	3	

**For Annotations see Page 61**

CEG\_P1\_078

**Endocrinology Evaluation at Unscheduled Visit**

Visit:  [1]

Was the laboratory evaluation performed?  Yes [2] **[NOT SUBMITTED]**  
 No

Date of collection:  [3] Time of Collection:  [4] Time Unknown:  [5]

Are all results within normal limits?  Yes [6]  
 No

Test Name: [7]

Clinical Significance as per MD:  
**(Please record an AE for Clinically Significant results) [8]**

1  [7]  NCS  CS

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Visit:	LBVIS	Categorical select one (nominal)	17	Screening Day -1 Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Early Termination N/A
[2]	Was the laboratory evaluation performed?	LBYN	Categorical yes/no (dichotomous)	3	
[3]	Date of collection:	LBDAT	Date	11	
[4]	Time of Collection:	LBTIM	Time	5	
[5]	Time Unknown:	LBTMNK	Categorical yes/no (dichotomous)	3	
[6]	Are all results within normal limits?	LBNRIND	Categorical yes/no (dichotomous)	3	
[7]	Test Name:	LBTEST	Categorical select one (nominal)	34	FSH (Follicle-Stimulating Hormone)
[8]	Clinical Significance as per MD: (Please record an AE for Clinically Significant results)	LBCLSIG	Categorical select one (nominal)	3	

**VS=Vital Signs**

CEG\_P1\_078

Vital Signs at Screening, Day -1, Day 6

Were vital signs measured?

- Yes [1]
- No

**VSSTAT=NOT DONE where VSTESTCD=VSALL**

Repeat vital signs?

- Yes [2]
- No

**[NOT SUBMITTED]**

**QVAL where SUPPVS.  
QNAM=TIMESPOS**

Time Seated: [3]  Time Seated Unknown: [4]

**[NOT SUBMITTED]**

Date: [5]  Time Taken: [6]  Time Unknown: [7]

**VSDTC**

**VSTEST**

**VSSTAT**

**VSORRES**

**VSORRESU**

Assessment: [8]

Not done: [9]

Result: [10]

Unit: [11]

MD Safety Review: [12]

**QVAL where SUPPVS.  
QNAM=VSCLSIG**

- 1  Oral Temperature   C  WITHIN NORMAL RANGE  
 OUT-OF-RANGE, ABNORMAL NCS  
 OUT-OF-RANGE, ABNORMAL CS
- 2  Systolic Blood Pressure   mmHg  WITHIN NORMAL RANGE  
 OUT-OF-RANGE, ABNORMAL NCS  
 OUT-OF-RANGE, ABNORMAL CS
- 3  Diastolic Blood Pressure   mmHg  WITHIN NORMAL RANGE  
 OUT-OF-RANGE, ABNORMAL NCS  
 OUT-OF-RANGE, ABNORMAL CS
- 4  Pulse Rate   beats/min  WITHIN NORMAL RANGE  
 OUT-OF-RANGE, ABNORMAL NCS  
 OUT-OF-RANGE, ABNORMAL CS
- 5  Respirations   breaths/min  WITHIN NORMAL RANGE  
 OUT-OF-RANGE, ABNORMAL NCS  
 OUT-OF-RANGE, ABNORMAL CS

# CEG\_P1\_078

## Variable details

	Name	Export Name	Type	Max length	Categories
[1]	Were vital signs measured?	VSPERF	Categorical yes/no (dichotomous)	3	
[2]	Repeat vital signs?	VSPERFR	Categorical yes/no (dichotomous)	3	
[3]	Time Seated:	VS1TIMS	Time	5	
[4]	Time Seated Unknown:	VSTIMSUN	Categorical yes/no (dichotomous)	3	
[5]	Date:	VSDAT	Date	11	
[6]	Time Taken:	VSTIM	Time	5	
[7]	Time Unknown:	VSTMNK	Categorical yes/no (dichotomous)	3	
[8]	Assessment:	VSTEST	Categorical select one (nominal)	24	Oral Temperature Systolic Blood Pressure Diastolic Blood Pressure Pulse Rate Respirations Heart Rate
[9]	Not done:	VSSTAT	Categorical yes/no (dichotomous)	3	
[10]	Result:	VSORRES	Number (continuous)	15	
[11]	Unit:	VSORRESU	Categorical select one (nominal)	11	C mmHg beats/min breaths/min
[12]	MD Safety Review:	VSCLSIG	Categorical select one (nominal)	26	

**CEG\_P1\_078**  
**Vital Signs at Early Term**

Visit:  **[NOT SUBMITTED]**

Were vital signs measured?  Yes **[2]**  
 No

Repeat vital signs?  Yes **[3]**  
 No

Time Seated:  **[4]** Time Seated Unknown:  **[5]**

Date:  **[6]** Time Taken:  **[7]** Time Unknown:  **[8]**

Assessment: **[9]** Not done: **[10]** Result: **[11]** Unit: **[12]**

MD Safety Review: **[13]**

- |   |  |                          |                      |   |  |
|---|--|--------------------------|----------------------|---|--|
| 1 | <input type="text"/> Oral Temperature <input type="text"/>         | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> C <input type="text"/>           | <input type="radio"/> WITHIN NORMAL RANGE<br><input type="radio"/> OUT-OF-RANGE, ABNORMAL NCS<br><input type="radio"/> OUT-OF-RANGE, ABNORMAL CS |
| 2 | <input type="text"/> Systolic Blood Pressure <input type="text"/>  | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> mmHg <input type="text"/>        | <input type="radio"/> WITHIN NORMAL RANGE<br><input type="radio"/> OUT-OF-RANGE, ABNORMAL NCS<br><input type="radio"/> OUT-OF-RANGE, ABNORMAL CS |
| 3 | <input type="text"/> Diastolic Blood Pressure <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> mmHg <input type="text"/>        | <input type="radio"/> WITHIN NORMAL RANGE<br><input type="radio"/> OUT-OF-RANGE, ABNORMAL NCS<br><input type="radio"/> OUT-OF-RANGE, ABNORMAL CS |
| 4 | <input type="text"/> Pulse Rate <input type="text"/>               | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> beats/min <input type="text"/>   | <input type="radio"/> WITHIN NORMAL RANGE<br><input type="radio"/> OUT-OF-RANGE, ABNORMAL NCS<br><input type="radio"/> OUT-OF-RANGE, ABNORMAL CS |
| 5 | <input type="text"/> Respirations <input type="text"/>             | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> breaths/min <input type="text"/> | <input type="radio"/> WITHIN NORMAL RANGE<br><input type="radio"/> OUT-OF-RANGE, ABNORMAL NCS<br><input type="radio"/> OUT-OF-RANGE, ABNORMAL CS |

# CEG\_P1\_078

## Variable details

	Name	Export Name	Type	Max length	Categories
[1]	Visit:	VSVIS	Categorical select one (nominal)	17	Screening Day -1 Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Early Termination N/A
[2]	Were vital signs measured?	VSPERF	Categorical yes/no (dichotomous)	3	
[3]	Repeat vital signs?	VSPERFR	Categorical yes/no (dichotomous)	3	
[4]	Time Seated:	VSITIMS	Time	5	
[5]	Time Seated Unknown:	VSTIMSUN	Categorical yes/no (dichotomous)	3	
[6]	Date:	VSDAT	Date	11	
[7]	Time Taken:	VSTIM	Time	5	
[8]	Time Unknown:	VSTMNK	Categorical yes/no (dichotomous)	3	
[9]	Assessment:	VSTEST	Categorical select one (nominal)	24	Oral Temperature Systolic Blood Pressure Diastolic Blood Pressure Pulse Rate Respirations Heart Rate
[10]	Not done:	VSSTAT	Categorical yes/no (dichotomous)	3	
[11]	Result:	VSORRES	Number (continuous)	15	
[12]	Unit:	VSORRESU	Categorical select one (nominal)	11	C mmHg beats/min breaths/min
[13]	MD Safety Review:	VSCLSIG	Categorical select one (nominal)	26	

**DA=Drug Accountability**

CEG\_P1\_078

Part A - Usual Brand Dose Log at Day 1,Day 2,Day 3

**DASCAT=USUAL BRAND  
CIGARETTES**

**DAGRPID=PART A**

**AD LIB USUAL BRAND (MENTHOL) PRODUCT USE LOG**

**Date part of DADTC**

Date of Visit:  [1]

**DACAT=STUDY PRODUCT**

Product Used: [2] Number Dispensed: [3] Time Dispensed: [4] Number of Butts Returned: [5] Time Returned: [6]

1

More rows: 1 5 10

**Time part of DADTC when  
DATESTCD=DISPAMT**

**Time part of DADTC when  
DATESTCD=RETAMT**

**DAORRES when  
DATESTCD=DISPAMT**

**DAORRES when  
DATESTCD=RETAMT**

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Date of Visit:	EXDAT	Date	11	
[2]	Product Used:	EXPRDT	Categorical select one (nominal)	21	Combustible Cigarette
[3]	Number Dispensed:	EXDSPD	Number (continuous)	15	
[4]	Time Dispensed:	EXTIM	Time	5	
[5]	Number of Butts Returned:	EXCIGRET	Number (continuous)	15	
[6]	Time Returned:	EXTIMRET	Time	5	

**For Annotations see Page 69**

CEG\_P1\_078

Part A - VLN Dosing Log at Day 1,Day 2,Day 3

**AD LIB VERY LOW NICOTINE (VLN) (MENTHOL) PRODUCT USE LOG**

Date of Visit:  [1]

Product Used: [2] Number Dispensed: [3] Time Dispensed: [4] Number of Butts Returned: [5] Time Returned: [6]

1

More rows: 1 5 10

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Date of Visit:	EXDAT	Date	11	
[2]	Product Used:	EXPRDT	Categorical select one (nominal)	21	Combustible Cigarette
[3]	Number Dispensed:	EXDSPD	Number (continuous)	15	
[4]	Time Dispensed:	EXTIM	Time	5	
[5]	Number of Butts Returned:	EXCIGRET	Number (continuous)	15	
[6]	Time Returned:	EXTIMRET	Time	5	

**For Annotations see Page 69**

CEG\_P1\_078

Part A - Nicorette Dosing Log at Day 1,Day 2,Day 3

**AD LIB NICORETTE ORIGINAL FLAVOR GUM (4 MG) PRODUCT USE LOG**

Date of Visit:  [1]

Product Used: [2] Number Dispensed: [3] Time Dispensed: [4] Number of Pieces Returned: [5] Time Returned/Discarded: [6]

1

More rows: 1 5 10

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Date of Visit:	EXDAT	Date	11	
[2]	Product Used:	EXPRDT	Categorical select one (nominal)	36	Nicorette Original Flavor Gum (4 mg)
[3]	Number Dispensed:	EXDSPD	Number (continuous)	15	
[4]	Time Dispensed:	EXTIM	Time	5	
[5]	Number of Pieces Returned:	EXNICRET	Number (continuous)	15	
[6]	Time Returned/Discarded:	EXTIMRET	Time	5	

**EX=Exposure**

CEG\_P1\_078

**EXGRPID=PART B**

**EXROUTE=ORAL**

**EXLOC=ORAL CAVITY**

Part B - Controlled Nicorette Dosing Log at Day 4,Day 5,Day 6

CONTROLLED NICORETTE ORIGINAL FLAVOR GUM (4 mg) PRODUCT USE LOG

(Subject to use one unit of product ad libitum for 10 minutes)

**EXTRT**

Date of Visit:  [1]

**Date part of EXSTDTC/EXENDTC**

Product: [2] Session Start Time: [3] Session End Time: [4]

1

**Time part of EXENDTC**

More rows: 1 5 10

**Time part of EXSTDTC**

Did the subject consume any beverages during controlled product use?:  Yes  No [5]

**SUPPEX.QVAL, when QNAM is EXBEV**

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Date of Visit:	EXNICDAT	Date	11	
[2]	Product:	EXPRDB	Categorical select one (nominal)	36	Nicorette Original Flavor Gum (4 mg)
[3]	Session Start Time:	EXSRTTIMB	Time	5	
[4]	Session End Time:	EXENTMB	Time	5	
[5]	Did the subject consume any beverages during controlled product use?:	EXBEV	Categorical yes/no (dichotomous)	3	

**For Annotations see Page 75**

CEG\_P1\_078

**Part B - Uncontrolled Nicorette Dosing Log at Day 4,Day 5,Day 6**

**UNCONTROLLED NICORETTE ORIGINAL FLAVOR GUM (4 mg) PRODUCT USE LOG**

(Subject to use one unit of product ad libitum for 10 minutes)

**Date of Visit:**  [1]

**Product: [2]    Session Start Time: [3]    Session End Time: [4]**

1

More rows: 1 5 10

Did the subject consume any beverages during controlled product use?:  Yes  No [5]

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Date of Visit:	EXNICDAT	Date	11	
[2]	Product:	EXPRDB	Categorical select one (nominal)	36	Nicorette Original Flavor Gum (4 mg)
[3]	Session Start Time:	EXSRTTIMB	Time	5	
[4]	Session End Time:	EXENTMB	Time	5	
[5]	Did the subject consume any beverages during controlled product use?:	EXBEV	Categorical yes/no (dichotomous)	3	

**EX=Exposure**

CEG\_P1\_078

Part B - Controlled Usual Brand Dosing Log at Day 4,Day 5,Day 6

**EXTRT=USUAL BRAND  
CIGARETTES**

**EXGRPID=PART B**

**EXROUTE=RESPIRATORY  
(INHALATION)**

**EXLOC=RESPIRATORY SYSTEM**

**CONTROLLED USUAL BRAND (MENTHOL) PRODUCT USE LOG**

(Subject to take 10 puffs, with a max of 3 seconds per puff (+/-2 sec), at 30 second intervals (+/-5sec))

**Time part of EXSTDTC**

Date of Visit:  [1]

**Date part of EXSTDTC/EXENDTC**

**EXSPID**

Session Start Time:  [2]

**Time part of EXSTDTC**

Puff: [3] Puff Begin: [4] Puff End: [5] Missed Puff: [6] If yes, provide reason: [7]

1	Puff 1 ▾	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
2	Puff 2 ▾	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
3	Puff 3 ▾	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
4	Puff 4 ▾	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
5	Puff 5 ▾	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
6	Puff 6 ▾	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
7	Puff 7 ▾	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
8	Puff 8 ▾	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
9	Puff 9 ▾	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
10	Puff 10 ▾	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>

Did the subject consume any beverages during controlled product use?  Yes  No [8]

**SUPPEX.QVAL, when QNAM is EXBEV**

**Time part of EXENDTC**

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Date of Visit:	EXDATVLN	Date	11	
[2]	Session Start Time:	EXSTTIM	Time	5	
[3]	Puff:	EXPPF	Categorical select one (nominal)	7	Puff 1 Puff 2 Puff 3 Puff 4 Puff 5 Puff 6 Puff 7 Puff 8 Puff 9 Puff 10
[4]	Puff Begin:	EXPFBG	Time	8	
[5]	Puff End:	EXPFEN	Time	8	
[6]	Missed Puff:	EXMISPF	Categorical yes/no (dichotomous)	3	
[7]	If yes, provide reason:	EXCOM	Text or Any Value	200	
[8]	Did the subject consume any beverages during controlled product use?	EXBEVB	Categorical yes/no (dichotomous)	3	

**EX=Exposure**

CEG\_P1\_078

Part B - Uncontrolled Usual Brand Dosing Log at Day 4,Day 5,Day

**EXROUTE=ORAL**

**EXLOC=ORAL CAVITY**

**EXGRPID=PART B**

UNCONTROLLED USUAL BRAND (MENTHOL) PRODUCT USE LOG

(Subject to use ONE unit of product ad libitum for 10 minute; staff to document the duration of each puff)

**EXCAT=Session**

Date of Visit:  [1]

**Date part of EXSTDTC/EXENDTC**

Session Start Time:  [2]

**Time part of EXSTDTC**

Session End Time:  [3]

**Time part of EXENDTC**

**EXCAT=Inhalation**

Inhalation Begin: [4] Time Unknown: [5] Inhalation End: [6] Time Unknown: [7]

1

More rows: 1 5 10

**Time part of EXSTDTC**

**Time part of EXENDTC**

Did the subject consume any beverages during uncontrolled product use?  Yes  No [8]

**SUPPEX.QVAL when QNAM=EXBEV**

Session Total Inhalations:  [9]

**EXDOSE/EXDOSU**

**EXCAT=CONTROLLED**

**EXTRT=Very Low Nicotine Cigarettes**

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Date of Visit:	EXDATB	Date	11	
[2]	Session Start Time:	EXSRTTIM	Time	5	
[3]	Session End Time:	EXENDTIM	Time	5	
[4]	Inhalation Begin:	EXINHBG	Time	8	
[5]	Time Unknown:	EXTIMUNK	Categorical yes/no (dichotomous)	3	
[6]	Inhalation End:	EXINEN	Time	8	
[7]	Time Unknown:	EXTIMUNK5	Categorical yes/no (dichotomous)	3	
[8]	Did the subject consume any beverages during uncontrolled product use?	EXBEVB	Categorical yes/no (dichotomous)	3	
[9]	Session Total Inhalations:	EXINTOT	Number (continuous)	15	

CEG\_P1\_078

Part B - Controlled VLN Dosing Log at Day 4, Day 5, Day 6

**CONTROLLED VERY LOW NICOTINE (VLN) (MENTHOL) PRODUCT USE LOG**

(Subject to take 10 puffs, with a max of 3 seconds per puff (+/-2 sec), at 30 second intervals (+/-5sec))

Date of Visit:  [1]

Session Start Time:  [2]

	Puff: [3]	Puff Begin: [4]	Puff End: [5]	Missed Puff: [6]	If yes, provide reason: [7]
1	Puff 1 ▾	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
2	Puff 2 ▾	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
3	Puff 3 ▾	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
4	Puff 4 ▾	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
5	Puff 5 ▾	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
6	Puff 6 ▾	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
7	Puff 7 ▾	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
8	Puff 8 ▾	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
9	Puff 9 ▾	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
10	Puff 10 ▾	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>

Did the subject consume any beverages during controlled product use?  Yes  No [8]

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Date of Visit:	EXDATVLN	Date	11	
[2]	Session Start Time:	EXSTTIM	Time	5	
[3]	Puff:	EXPPF	Categorical select one (nominal)	7	Puff 1 Puff 2 Puff 3 Puff 4 Puff 5 Puff 6 Puff 7 Puff 8 Puff 9 Puff 10
[4]	Puff Begin:	EXPFBG	Time	8	
[5]	Puff End:	EXPFEN	Time	8	
[6]	Missed Puff:	EXMISPF	Categorical yes/no (dichotomous)	3	
[7]	If yes, provide reason:	EXCOM	Text or Any Value	200	
[8]	Did the subject consume any beverages during controlled product use?	EXBEVB2	Categorical yes/no (dichotomous)	3	

CEG\_P1\_078

Part B - Uncontrolled VLN Dosing Log at Day 4,Day 5,Day 6

**UNCONTROLLED VERY LOW NICOTINE (VLN) (MENTHOL) PRODUCT USE LOG**

(Subject to use ONE unit of product ad libitum for 10 minute; staff to document the duration of each puff)

Date of Visit:  [1]

Session Start Time:  [2]

Session End Time:  [3]

Inhalation Begin: [4] Time Unknown: [5] Inhalation End: [6] Time Unknown: [7]

1

More rows: 1 5 10

Did the subject consume any beverages during uncontrolled product use?  Yes  No [8]

Session Total Inhalations:  [9]

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Date of Visit:	EXDATB	Date	11	
[2]	Session Start Time:	EXSRTTIM	Time	5	
[3]	Session End Time:	EXENDTIM	Time	5	
[4]	Inhalation Begin:	EXINHBG	Time	8	
[5]	Time Unknown:	EXTIMUNK	Categorical yes/no (dichotomous)	3	
[6]	Inhalation End:	EXINEN	Time	8	
[7]	Time Unknown:	EXTIMUNK2	Categorical yes/no (dichotomous)	3	
[8]	Did the subject consume any beverages during uncontrolled product use?	EXBEVB	Categorical yes/no (dichotomous)	3	
[9]	Session Total Inhalations:	EXINTOT	Number (continuous)	15	

**QS=Questionnaire**

CEG\_P1\_078

1st Use - Tobacco/Nicotine Questionnaire at Day 4,Day 5,Day 6

Was Questionnaire performed at all time points:  Yes  No [1]

**QSTPT**

Use:  1st Use [2]

**QSSCAT**

Time point: [3] Completed: [4]

1

Yes  No

**QSORRES/QSSTRESC**

More rows: 1 5 10

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Was Questionnaire performed at all time points:	QSPERF	Categorical yes/no (dichotomous)	3	
[2]	Use:	QSUSE	Categorical select one (nominal)	7	
[3]	Time point:	QSTMPT	Categorical select one (nominal)	9	Pre-dose 5 minute 15 minute 30 minute 60 minute 90 minute
[4]	Completed:	QSYN	Categorical yes/no (dichotomous)	3	

**For Annotations, See Page 87**

CEG\_P1\_078

2nd Use - Tobacco/Nicotine Questionnaire at Day 4,Day 5,Day 6

Was Questionnaire performed at all time points:  Yes  No [1]

Use:  2nd Use [2]

Time point: [3] Completed: [4]

1   Yes  No

More rows: 1 5 10

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Was Questionnaire performed at all time points:	QSPERF_1	Categorical yes/no (dichotomous)	3	
[2]	Use:	QSUSE_1	Categorical select one (nominal)	7	
[3]	Time point:	QSTMPT_1	Categorical select one (nominal)	9	Pre-dose 5 minute 15 minute 30 minute 60 minute 90 minute
[4]	Completed:	QSYN_1	Categorical yes/no (dichotomous)	3	

**For Annotations, See Page 87**

CEG\_P1\_078

1st Use - Direct Effects of Product Questionnaire at Day 4,Day 5,Day 6

Was Questionnaire performed at all time points:  Yes  No [1]

Use:  1st Use [2]

Time point: [3] Completed: [4]

1   Yes  No

More rows: 1 5 10

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Was Questionnaire performed at all time points:	QSPERF_2	Categorical yes/no (dichotomous)	3	
[2]	Use:	QSUSE_2	Categorical select one (nominal)	7	
[3]	Time point:	QSTMPT_2	Categorical select one (nominal)	9	Pre-dose 5 minute 15 minute 30 minute 60 minute 90 minute
[4]	Completed:	QSYN_2	Categorical yes/no (dichotomous)	3	

**For Annotations, See Page 87**

CEG\_P1\_078

2nd Use - Direct Effects of Product Questionnaire at Day 4,Day 5,Day 6

Was Questionnaire performed at all time points:  Yes  No [1]

Use:  2nd Use [2]

Time point: [3] Completed: [4]

1   Yes  No

More rows: 1 5 10

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Was Questionnaire performed at all time points:	QSPERF_3	Categorical yes/no (dichotomous)	3	
[2]	Use:	QSUSE_3	Categorical select one (nominal)	7	
[3]	Time point:	QSTMPT_3	Categorical select one (nominal)	9	Pre-dose 5 minute 15 minute 30 minute 60 minute 90 minute
[4]	Completed:	QSYN_3	Categorical yes/no (dichotomous)	3	

**[NOT SUBMITTED]**

CEG\_P1\_078

Use Product Again - VAS at Day 1,Day 2,Day 3

Was Questionnaire performed?  Yes [1]  
 No

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Was Q uestionnaire performed?	QSPERF	Categorical yes/no (dichotomous)	3	

**For Annotations, See Page 87**

CEG\_P1\_078

Use Product Again - VAS at Day 4,Day 5,Day 6

Was Questionnaire performed?  Yes [1]

No

Use:  1st Use [2]

2nd Use

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Was Questionnaire performed?	QSPERF	Categorical yes/no (dichotomous)	3	
[2]	Use:	QSUSE	Categorical select one (nominal)	7	

**EG=ECG Test Results**

**CO=COMMENTS**

CEG\_P1\_078

ECG Test Results at Screening,Day 6,Early Term,Unscheduled Visit

**EGSTAT=NOT DONE where EGTESTCD=VSALL**

Was the ECG performed?  Yes [1]

No

**[NOT SUBMITTED]**

Repeat ECG?  Yes [2]

No

Date:  [3]

**Date Part of EGDTC**

Visit:  [4]

**[NOT SUBMITTED]**

**EGTESTCD**

**EGTEST**

Time: [5]

Time Unknown: [6]

Position: [7]

VR: (msec) [8]

PR Interval: (msec) [9]

QRS Interval: (msec) [10]

QT Interval: (msec) [11]

QTcB Interval: [12]

QTcF: (msec) [13]

Clinical Significance as per MD: [14]

If Abnormal and Clinically Significant, please specify abnormalities: [15]

1

**EGPOS**

NORMAL

ABNORMAL NCS

ABNORMAL CS

**COVAL**

**Time Part of EGDTC**

**EGORRES**

**EGORRESU**

**EGORRES when EGTESTCD =INTP**

**EGEVAL=INVESTIGATOR**

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Was the ECG performed?	EGYN	Categorical yes/no (dichotomous)	3	
[2]	Repeat ECG?	EGPERFR	Categorical yes/no (dichotomous)	3	
[3]	Date:	EGDAT	Date	11	
[4]	Visit:	EGVIS	Categorical select one (nominal)	10	Screening Day 6 Early Term N/A
[5]	Time:	EGTIM	Time	5	
[6]	Time Unknown:	EGTMNK	Categorical yes/no (dichotomous)	3	
[7]	Position:	EGPOS	Categorical select one (nominal)	6	SUPINE
[8]	VR:	EGVR	Number (continuous)	15	
[9]	PR Interval:	EGPR	Number (continuous)	15	
[10]	QRS Interval:	EGQRS	Number (continuous)	15	
[11]	QT Interval:	EGQT	Number (continuous)	15	
[12]	QTcB Interval:	EGQTCB	Number (continuous)	15	
[13]	QTcF:	EGQTCF	Number (continuous)	15	
[14]	Clinical Significance as per MD:	EGCLSIG	Categorical select one (nominal)	12	
[15]	If Abnormal and Clinically Significant, please specify abnormalities:	EGCOM	Text or Any Value	200	

**DS=Disposition**

**DM=Demographics**

CEG\_P1\_078

Randomization at Day 1,Day 4

**DSSTDTC**

Date of Randomization:  [1]

Randomization Number:  [2]

**[NOT SUBMITTED]**

Sequence group:  [3]

**SUPPDM.QVAL where QNAM=RANDANO or RANDBNO depending if it's randomized on Day 1 or Day 4 respectively**

**DSDECOD/DSTERM=RANDOMIZED**

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Date of Randomization:	DSRDAT	Date	11	
[2]	Randomization Number:	DSNUM	Text or Any Value	200	
[3]	Sequence group:	DSRNGRP	Categorical select one (nominal)	3	ABC BCA CAB

**AE=Adverse Events**

CEG\_P1\_078

Adverse Events at All Visits

Were any Adverse Events experienced?  Yes  No [1]

AE Identifier: [2]	Adverse Event Term: [3]	Is this an SAE? [4]	Severity: [5]	Frequency: [6]	Action Taken with Study Treatment: [7]	Was a concomitant treatment given because of the occurrence of the event? (If yes, record on Concomitant Medication Form) [8]	Did the AE result in withdrawal from study? [9]	Relationship to Investigational Product: [10]	Was this AE a result of Study Medication error? [11]	Outcome: [12]	Onset Date: [13]	Onset Time: [14]	Time Unknown: [15]	AE Ongoing? [16]	End Date: [17]	End Time: [18]	Time Unknown: [19]
1		<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No					<input type="checkbox"/>			

**AESPID**

**AETERM**

**AESER**

**AESEV**

**AEACN**

**AEREL**

**AEOUT**

**TimePart of AESTDTC**

**AENRF**

**AEPATT**

**AECONTRT**

**Date Part of AEENDTC**

**SUPPAE.QVAL when QNAM=AEDIS**

**SUPPAE.QVAL when QNAM=AEMEDERR**

**Time Part of AEENDTC**

**Date Part of AEENDTC**

More rows: 1 5 10

## CEG\_P1\_078

### Variable details

	Name	Export Name	Type	Max length	Categories
[1]	Were any Adverse Events experienced?	AEYN	Categorical yes/no (dichotomous)	3	
[2]	AE Identifier:	AESPID	Number (continuous)	15	
[3]	Adverse Event Term:	AETERM	Text or Any Value	200	
[4]	Is this an SAE?	AESER	Categorical yes/no (dichotomous)	3	
[5]	Severity:	AESEV	Categorical select one (nominal)	8	MILD MODERATE SEVERE
[6]	Frequency:	AEFREQ	Categorical select one (nominal)	14	Single Episode Intermittent Continuous
[7]	Action Taken with Study Treatment:	AEACN	Categorical select one (nominal)	24	No Action Taken Stopped Temporarily Permanently Discontinued
[8]	Was a concomitant treatment given because of the occurrence of the event? (If yes, record on Concomitant Medication Form)	AECONTR	Categorical yes/no (dichotomous)	3	
[9]	Did the AE result in withdrawal from study?	AEDIS	Categorical yes/no (dichotomous)	3	
[10]	Relationship to Investigational Product:	AEREL	Categorical select one (nominal)	16	Probably Related Possibly Related Unlikely Related Unrelated
[11]	Was this AE a result of Study Medication error?	AETEAE	Categorical yes/no (dichotomous)	3	
[12]	Outcome:	AEOUT	Categorical select one (nominal)	28	Resolved Resolved with Sequelae Unresolved/Ongoing Unresolved/Lost to Follow-Up Fatal
[13]	Onset Date:	AESTDAT	Date	11	
[14]	Onset Time:	AESTTIM	Time	5	
[15]	Time Unknown:	AESTTMNK	Categorical yes/no (dichotomous)	3	
[16]	AE Ongoing?	AEONGO	Categorical yes/no (dichotomous)	3	
[17]	End Date:	AEENDAT	Date	11	
[18]	End Time:	AEENTIM	Time	5	
[19]	Time Unknown:	AEENTMNK	Categorical yes/no (dichotomous)	3	

**DS=Disposition**

**CO=COMMENTS**

CEG\_P1\_078

End of Study at Day 6, Early Term

**DSCAT=DISPOSITION EVENT**

Visit Date  [1]

**[NOT SUBMITTED]**

Date of Completion or Discontinuation:  [2]

**DSSTDTC**

Date of Last Dose of Study Medication:  [3]

**SUPPDS.QVAL where QNAM=DSDTCMED**

Did the subject complete the study?  Yes  No [4]

**DSTERM/DSDECOD=COMPLETED, when Y**

If No, please mark the PRIMARY reason for discontinuation:

Primary reason for study discontinuation:  Entered the study in violation of the protocol [5]

Safety reasons, including AEs

Use of unacceptable concomitant medication(s)

Non-compliance or major protocol violation

It is not considered in the best interest of the subject to continue

Pregnancy

Positive UDS or alcohol test

Administrative reasons (e.g., termination of enrollment or study)

Difficulties with blood collection

Other, specify:

**DSTERM/DSDECOD**

If Other, please specify:

**DSTERM when DSDECOD=OTHER**

[6]

Additional Comments:

**COVAL where COREF=END OF STUDY**

[7]

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Visit Date	DSV DAT	Date	11	
[2]	Date of Completion or Discontinuation:	DSDAT	Date	11	
[3]	Date of Last Dose of Study Medication:	DSDOSDAT	Date	11	
[4]	Did the subject complete the study?	DSCOMYN	Categorical yes/no (dichotomous)	3	
[5]	Primary reason for study discontinuation:	DSDECOD	Categorical select one (nominal)	68	
[6]	If Other, please specify:	DSTERM	Text or Any Value	200	
[7]	Additional Comments:	DSCOM	Text or Any Value	250	

**PC=Pharmacokinetic Concentrations**

CEG\_P1\_078

1st Use - PK Blood Sampling at Day 4,Day 5,Day 6

**SUPPPC.QVAL where QNAM=USE**

**PCTPT**

**PCDTC**

Use: [1]

**[NOT SUBMITTED]**

Timepoint: [2] Date: [3] Time: [4] Not Done: [5] Time Unknown [6] Comments: [7] **SUPPPC.QVAL where QNAM=PKCODE**

1 Predose [ ] [ ]

**PCSTAT**

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

2 2 minute [ ] [ ]

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

3 5 minute [ ] [ ]

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

4 7 minute [ ] [ ]

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

5 10 minute [ ] [ ]

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

6 12 minute [ ] [ ]

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

7 15 minute [ ] [ ]

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

CEG\_P1\_078

8

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

9

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

10

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

11

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

12

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

13

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

14

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

15

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

CEG\_P1\_078

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Use:	PKUSE	Categorical select one (nominal)	22	1st Use (Morning Draw)
[2]	Timepoint:	PKTPT	Categorical select one (nominal)	10	Predose 2 minute 5 minute 7 minute 10 minute 12 minute 15 minute 20 minute 30 minute 45 minute 60 minute 90 minute 120 minute 150 minute 180 minute
[3]	Date:	PKDAT	Date	11	
[4]	Time:	PKTIM	Time	5	
[5]	Not Done:	PKSTAT	Categorical yes/no (dichotomous)	3	
[6]	Time Unknown	PKACTNK	Categorical yes/no (dichotomous)	3	
[7]	Comments:	PKCODE	Categorical select multiple	48	

CEG\_P1\_078

2nd Use - PK Blood Sampling at Day 4,Day 5,Day 6

Use:  [1]

Timepoint: [2] Date: [3] Time: [4] Not Done: [5] Time Unknown [6] Comments: [7]

- |   |  |                      |                      |                          |                          |   |
|---|--|----------------------|----------------------|--------------------------|--------------------------|---|
| 1 | <input type="text" value="Predose"/>   | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> A - Late due to difficult collection<br><input type="checkbox"/> B - Late due to previous procedure<br><input type="checkbox"/> C - Early Collection; please specify in Lab Note<br><input type="checkbox"/> D - Other; please specify in Lab Note |
| 2 | <input type="text" value="2 minute"/>  | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> A - Late due to difficult collection<br><input type="checkbox"/> B - Late due to previous procedure<br><input type="checkbox"/> C - Early Collection; please specify in Lab Note<br><input type="checkbox"/> D - Other; please specify in Lab Note |
| 3 | <input type="text" value="5 minute"/>  | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> A - Late due to difficult collection<br><input type="checkbox"/> B - Late due to previous procedure<br><input type="checkbox"/> C - Early Collection; please specify in Lab Note<br><input type="checkbox"/> D - Other; please specify in Lab Note |
| 4 | <input type="text" value="7 minute"/>  | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> A - Late due to difficult collection<br><input type="checkbox"/> B - Late due to previous procedure<br><input type="checkbox"/> C - Early Collection; please specify in Lab Note<br><input type="checkbox"/> D - Other; please specify in Lab Note |
| 5 | <input type="text" value="10 minute"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> A - Late due to difficult collection<br><input type="checkbox"/> B - Late due to previous procedure<br><input type="checkbox"/> C - Early Collection; please specify in Lab Note<br><input type="checkbox"/> D - Other; please specify in Lab Note |
| 6 | <input type="text" value="12 minute"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> A - Late due to difficult collection<br><input type="checkbox"/> B - Late due to previous procedure<br><input type="checkbox"/> C - Early Collection; please specify in Lab Note<br><input type="checkbox"/> D - Other; please specify in Lab Note |
| 7 | <input type="text" value="15 minute"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> A - Late due to difficult collection<br><input type="checkbox"/> B - Late due to previous procedure<br><input type="checkbox"/> C - Early Collection; please specify in Lab Note<br><input type="checkbox"/> D - Other; please specify in Lab Note |

CEG\_P1\_078

8

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

9

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

10

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

11

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

12

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

13

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

14

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

15

- A - Late due to difficult collection
- B - Late due to previous procedure
- C - Early Collection; please specify in Lab Note
- D - Other; please specify in Lab Note

CEG\_P1\_078

# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Use:	PKUSE	Categorical select one (nominal)	24	2nd Use (Afternoon Draw)
[2]	Timepoint:	PKTPT	Categorical select one (nominal)	10	Predose 2 minute 5 minute 7 minute 10 minute 12 minute 15 minute 20 minute 30 minute 45 minute 60 minute 90 minute 120 minute 150 minute 180 minute
[3]	Date:	PKDAT	Date	11	
[4]	Time:	PKTIM	Time	5	
[5]	Not Done:	PKSTAT	Categorical yes/no (dichotomous)	3	
[6]	Time Unknown	PKACTNK	Categorical yes/no (dichotomous)	3	
[7]	Comments:	PKCODE	Categorical select multiple	48	

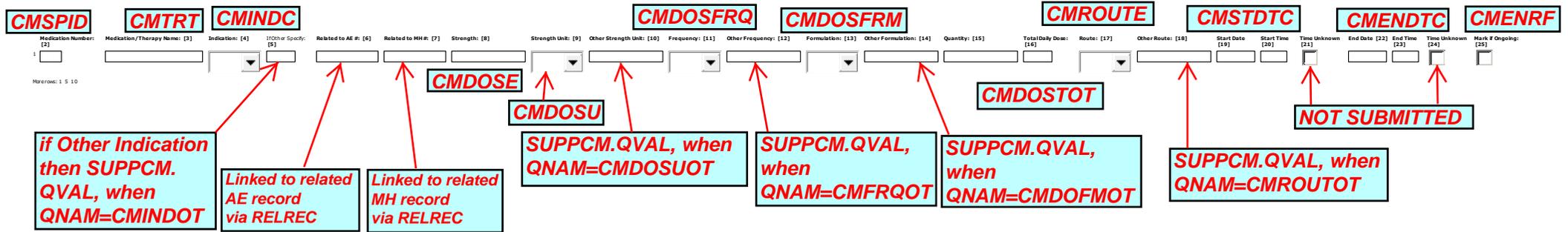
# CM=Concomitant Medications

CEG\_P1\_078

Concomitant Medications at All Visits

[NOT SUBMITTED]

Were there any medications or therapies taken during the protocol-specified window?  Yes [1]  
 No



# CEG\_P1\_078

## Variable details

	Name	Export Name	Type	Max length	Categories
[1]	Were there any medications or therapies taken during the protocol-specified window?	CMYN	Categorical yes/no (dichotomous)	3	
[2]	Medication Number:	CMSPID	Number (continuous)	15	
[3]	Medication/Therapy Name:	CMTRT	Text or Any Value	200	
[4]	Indication:	CMINDC	Categorical select one (nominal)	15	Medical History Adverse Event Other
[5]	If Other Specify:	CMOTH	Text or Any Value	4000	
[6]	Related to AE #:	CMAENO	Number (continuous)	15	
[7]	Related to MH #:	CMMHNO	Number (continuous)	15	
[8]	Strength:	CMDOSE	Text or Any Value	200	
[9]	Strength Unit:	CMDOSU	Categorical select one (nominal)	7	mg mL mcg L IU g oz Other Unknown
[10]	Other Strength Unit:	CMDOSUOT	Text or Any Value	200	
[11]	Frequency:	CMDOSFRQ	Categorical select one (nominal)	19	DAILY ONCE TWICE PER DAY THREE TIMES PER DAY FOUR TIMES PER DAY EVERY MONTH EVERY OTHER DAY UNKNOWN AS NEEDED OTHER
[12]	Other Frequency:	CMDOFQOT	Text or Any Value	200	
[13]	Formulation:	CMDOSFRM	Categorical select one (nominal)	11	TABLET CAPSULE OINTMENT SUPPOSITORY AEROSOL SPRAY SUSPENSION PATCH GEL CREAM POWDER UNKNOWN OTHER
[14]	Other Formulation:	CMDOFMOT	Text or Any Value	200	
[15]	Quantity:	CMQUANT	Text or Any Value	4000	
[16]	Total Daily Dose:	CMTOTDOS	Number (continuous)	15	

# CEG\_P1\_078

[17] Route:

CMROUTE

Categorical select one (nominal) 16

AURICULAR (OTIC)  
 BUCCAL  
 CONJUNCTIVAL  
 CUTANEOUS  
 INTRADERMAL  
 INTRAMUSCULAR  
 INTRAOCULAR  
 INTRASINAL  
 INTRAUTERINE  
 INTRAVENOUS  
 NASAL  
 ORAL  
 RECTAL  
 SUBCUTANEOUS  
 SUBLINGUAL  
 TOPICAL  
 VAGINAL  
 UNKNOWN  
 OTHER

[18] Other Route:

CMROUTE0

Text or Any Value 200

[19] Start Date

CMSTDAT

Date 11

[20] Start Time

CMSTTIM

Time 5

[21] Time Unknown

CMSTTNK

Categorical yes/no (dichotomous) 3

[22] End Date

CMENDAT

Date 11

[23] End Time

CMENTIM

Time 5

[24] Time Unknown

CMENTNK

Categorical yes/no (dichotomous) 3

[25] Mark if Ongoing:

CMONGO

Categorical yes/no (dichotomous) 3

CEG\_P1\_078

**Unscheduled Vital Signs at Unscheduled Visit**

Visit:  [1]

Were vital signs measured?  Yes [2]

No

Time Seated:  [3] Time Seated Unknown:  [4]

Date:  [5] Time Taken:  [6] Time Unknown:  [7]

Assessment: [8] Not done: [9] Result: [10] Unit: [11]

MD Safety Review: [12]

- |   |   |                              |                                    |   |  |
|---|---|------------------------------|------------------------------------|---|--|
| 1 | <input type="text" value="Oral Temperature"/> [3]         | <input type="checkbox"/> [4] | <input type="text" value=""/> [10] | <input type="text" value="C"/> [11]           | <input type="radio"/> WITHIN NORMAL RANGE<br><input type="radio"/> OUT-OF-RANGE, ABNORMAL NCS<br><input type="radio"/> OUT-OF-RANGE, ABNORMAL CS |
| 2 | <input type="text" value="Systolic Blood Pressure"/> [3]  | <input type="checkbox"/> [4] | <input type="text" value=""/> [10] | <input type="text" value="mmHg"/> [11]        | <input type="radio"/> WITHIN NORMAL RANGE<br><input type="radio"/> OUT-OF-RANGE, ABNORMAL NCS<br><input type="radio"/> OUT-OF-RANGE, ABNORMAL CS |
| 3 | <input type="text" value="Diastolic Blood Pressure"/> [3] | <input type="checkbox"/> [4] | <input type="text" value=""/> [10] | <input type="text" value="mmHg"/> [11]        | <input type="radio"/> WITHIN NORMAL RANGE<br><input type="radio"/> OUT-OF-RANGE, ABNORMAL NCS<br><input type="radio"/> OUT-OF-RANGE, ABNORMAL CS |
| 4 | <input type="text" value="Pulse Rate"/> [3]               | <input type="checkbox"/> [4] | <input type="text" value=""/> [10] | <input type="text" value="beats/min"/> [11]   | <input type="radio"/> WITHIN NORMAL RANGE<br><input type="radio"/> OUT-OF-RANGE, ABNORMAL NCS<br><input type="radio"/> OUT-OF-RANGE, ABNORMAL CS |
| 5 | <input type="text" value="Respirations"/> [3]             | <input type="checkbox"/> [4] | <input type="text" value=""/> [10] | <input type="text" value="breaths/min"/> [11] | <input type="radio"/> WITHIN NORMAL RANGE<br><input type="radio"/> OUT-OF-RANGE, ABNORMAL NCS<br><input type="radio"/> OUT-OF-RANGE, ABNORMAL CS |

# CEG\_P1\_078

## Variable details

	Name	Export Name	Type	Max length	Categories
[1]	Visit:	VSVIS	Categorical select one (nominal)	17	Screening Day -1 Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Early Termination N/A
[2]	Were vital signs measured?	VSPERF	Categorical yes/no (dichotomous)	3	
[3]	Time Seated:	VS1TIMS	Time	5	
[4]	Time Seated Unknown:	VSTIMSUN	Categorical yes/no (dichotomous)	3	
[5]	Date:	VSDAT	Date	11	
[6]	Time Taken:	VSTIM	Time	5	
[7]	Time Unknown:	VSTMNK	Categorical yes/no (dichotomous)	3	
[8]	Assessment:	VSTEST	Categorical select one (nominal)	24	Oral Temperature Systolic Blood Pressure Diastolic Blood Pressure Pulse Rate Respirations Heart Rate
[9]	Not done:	VSSTAT	Categorical yes/no (dichotomous)	3	
[10]	Result:	VSORRES	Number (continuous)	15	
[11]	Unit:	VSORRESU	Categorical select one (nominal)	11	C mmHg beats/min breaths/min
[12]	MD Safety Review:	VSCLSIG	Categorical select one (nominal)	26	



# CEG\_P1\_078

## Variable details

	<b>Name</b>	<b>Export Name</b>	<b>Type</b>	<b>Max length</b>	<b>Categories</b>
[1]	Type of tobacco used?	SUTRT	Categorical select one (nominal)	38	Cigarette(s) Cigar(s) Cigarillo(s) Chewing Tobacco Pipe(s) Nicotine Product(s): (patch, gum, etc) Electronic Cigarette(s)/E-Vapors
[2]	Frequency:	SUFRQ	Categorical select one (nominal)	7	Never Current Former
[3]	Start Date:	SUSTDAT	Date	11	
[4]	End Date:	SUENDAT	Date	11	
[5]	Yearly Use:	SUYRUS	Number (continuous)	15	
[6]	Monthly Use:	SUMONUS	Number (continuous)	15	
[7]	Weekly Use:	SUWKUS	Number (continuous)	15	
[8]	Daily Use:	SUDYUS	Number (continuous)	15	