







16.1.2 Sample Case Report Form




Patient CaseBook requested by User: "emartin" in role: "SuperUser"

Trial: VLN, Version: MSC007
Site: Site Object

Patient Type: Patient
Patient: Patient Object

Version Date: 06/01/2018
Date Generated:06/27/2018

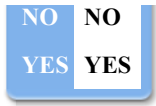
Subject Information	
Subject Number	<input type="text"/>
Informed Consent Date	<input type="text"/>  MM/DD/YYYY
Protocol Number	<input type="text"/>
Subject Type	<input type="text"/>
Randomization Number	<input type="text"/>
Randomization Date	<input type="text"/>  MM/DD/YYYY
Active	NO <input type="radio"/> YES <input type="radio"/>
Enrolled	NO <input type="radio"/> YES <input type="radio"/>
Enroll Date	<input type="text"/>  MM/DD/YYYY
Dropped	NO <input type="radio"/> YES <input type="radio"/>
Registration Date	<input type="text"/>  MM/DD/YYYY
Subject Initials	<input type="text"/>
Subject Caption	<input type="text"/>
Country	<input type="text"/>

Re-Consent Date	
Protocol Amendment Number Re-consent	Informed Re-Consent Date
<div>  <input type="text"/> </div>	<div>  <input type="text"/>  </div> <div>MM/DD/YYYY</div>
<div>Add More</div>	

PROTVER	
Original	ORIGINAL
Amendment 1	AMENDMENT 1
Amendment 2	AMENDMENT 2
Amendment 3	AMENDMENT 3
Amendment 4	AMENDMENT 4
Amendment 5	AMENDMENT 5
Amendment 6	AMENDMENT 6
Amendment 7	AMENDMENT 7
Amendment 8	AMENDMENT 8
Amendment 9	AMENDMENT 9
Amendment 10	AMENDMENT 10
Amendment 11	AMENDMENT 11
Amendment 12	AMENDMENT 12
Amendment 13	AMENDMENT 13
Amendment 14	AMENDMENT 14
Amendment 15	AMENDMENT 15

SUBTYPE	
Non-menthol Smoker	NON-MENTHOL SMOKER
Menthol Smoker	MENTHOL SMOKER
















YESNO












Visit		
Visit		+
Visit Not Done	<input type="checkbox"/>	+
Reason Not Done	<input type="text"/>	+
Visit Name	<input type="text"/>	+
Visit Date	<input type="text"/> MM/DD/YYYY	+
Visit Number	<input type="text"/>	+
Was tobacco cessation information provided?	<input type="radio"/> No <input type="radio"/> Yes	+
Please specify if not done	<input type="text"/>	+
Visit Type	<input type="radio"/> End of Study <input type="radio"/> Early Termination	+
Expected Visit Date	<input type="text"/> MM/DD/YYYY	+
Earliest Expected Visit Date	<input type="text"/> MM/DD/YYYY	+
Latest Expected Visit Date	<input type="text"/> MM/DD/YYYY	+
Planned Study Day of Visit	<input type="text"/>	+
Upcoming Visit Offset	<input type="text"/>	+
Visit Caption	<input type="text"/>	+
Did the subject report any changes in medical history(ies) since the last visit?	<input type="radio"/> No <input type="radio"/> Yes	+
Did the subject report any new AEs or any changes to AEs since the last visit?	<input type="radio"/> No <input type="radio"/> Yes	+
Did the subject report any new concomitant medication or any changes to concomitant medication since the last visit?	<input type="radio"/> No <input type="radio"/> Yes	+

NY	
No	N
Yes	Y

VISTYPE	
End of Study	End of Study
Early Termination	Early Termination

Plasma/Blood Sampling				
Not Done	If Not Done, specify	Assay	Collection Date	Collection Time
 <input type="checkbox"/> 	 <input type="text"/> 	 <input type="text"/>  	 <input type="text"/>  	 <input type="text"/> 
			MM/DD/YYYY	HH:MM
				
				
				

BDTEST	
Cotinine	COTININE
COHb	COHB
Nicotine	NICOTINE

Product Dispensed		
Product Name	 <input type="text"/> <input type="button" value="v"/>	
If Usual Brand, Specify	 <input type="text"/>	
Date Dispensed	 <input type="text"/>  MM/DD/YYYY	
Number of cigarettes dispensed	 <input type="text"/>	

ARM	
Non-menthol VLN	NON-MENTHOL VLN
Non-menthol UB	NON-MENTHOL UB

Product Return		
Product Name	<input type="text"/>	<input type="button" value="+"/>
If Usual Brand, Specify	<input type="text"/>	<input type="button" value="+"/>
Date Returned	<input type="text"/> MM/DD/YYYY	<input type="button" value="+"/>
Number of cigarettes returned	<input type="text"/>	<input type="button" value="+"/>
Cigarette butts returned	<input type="text"/>	<input type="button" value="+"/>
Number of NON-VLN cigarettes butts returned	<input type="text"/>	<input type="button" value="+"/>
Did the subject consume any tobacco products other than the cigarettes reported in the e-Diary?	<input type="radio"/> No <input type="radio"/> Yes	<input type="button" value="+"/>
If yes, please indicate when	<input type="text"/>	<input type="button" value="+"/>
If yes, estimate amount	<input type="text"/>	<input type="button" value="+"/>
Is there any additional information to provide about the difference between reported cigarette use and number of cigarettes and butts returned?	<input type="radio"/> No <input type="radio"/> Yes	<input type="button" value="+"/>
Specify additional information	<input type="text"/>	<input type="button" value="+"/>

ARM	
Non-menthol VLN	NON-MENTHOL VLN
Non-menthol UB	NON-MENTHOL UB
Menthol VLN	MENTHOL VLN
Menthol UB	MENTHOL UB

NY	
No	N
Yes	Y

Urine Drug Screen	
Was the Urine sample collected? <input type="radio"/> No <input type="radio"/> Yes	
Date of Collection	<input type="text"/> MM/DD/YYYY
Test Name	Result
<input type="text"/>	<input type="radio"/> Negative <input type="radio"/> Positive
Add More	


NY	
No	N
Yes	Y

DGTEST	
Amphetamine	AMPHETAMINE
Opiates	OPIATES
Cannabinoids	CANNABINOIDS
Cocaine	COCAINE
Methamphetamines	METHAMPHETAMINES
Alcohol	ALCOHOL

NEG_POS	
Negative	NEGATIVE
Positive	POSITIVE

DGTESTCD	
Amphetamine	AMPHET
Opiate	OPIATE
Cannabinoids	CANNAB

Cocaine	COCAINE
Methamphetamines	METHAMPHETAMINES

Demographics		
Date of Birth		MM/DD/YYYY
Age		
Age Unit		
Gender		
Reproductive Status		
Ethnicity		
Race		
If Other, specify		

SEX	
Female	F
Male	M
Unknown	U
Undifferentiated	UN

PGSTAT	
Of Child-bearing Potential	OF CHILD-BEARING POTENTIAL
Surgically Sterile	SURGICALLY STERILE
Post-menopausal	POST-MENOPAUSAL

ETHNIC	
Hispanic or Latino	HISPANIC OR LATINO
Not Hispanic or Latino	NOT HISPANIC OR LATINO
Not Reported	NOT REPORTED
Unknown	UNKNOWN

RACE	
American Indian or Alaska Native	AMERICAN INDIAN OR ALASKA NATIVE
Asian	ASIAN
Black or African American	BLACK OR AFRICAN AMERICAN
Native Hawaiian or Pacific Islander	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
White/Caucasian	WHITE/CAUCASIAN
Other	OTHER

Electrocardiogram

Was the ECG performed?	<input type="radio"/> No <input type="radio"/> Yes
What was the planned time point of the measurement?	<input type="text"/>
Date of ECG	<input type="text"/> MM/DD/YYYY
Time of ECG (24 hour clock)	<input type="text"/> HH:MM
Overall ECG Clinical Significance	<input type="radio"/> Normal <input type="radio"/> Abnormal, Not Clinically Significant <input type="radio"/> Abnormal, Clinically Significant
If Abnormal, specify	<input type="text"/>

ECG Test Name	Test Results	Units
<input type="text"/>	<input type="text"/>	<input type="text"/>

Add More

NY
No N
Yes Y

EGCLSIG	
Normal	NORMAL
Abnormal, Not Clinically Significant	ABNORMAL, NOT CLINICALLY SIGNIFICANT
Abnormal, Clinically Significant	ABNORMAL, CLINICALLY SIGNIFICANT

EGTEST	
Heart Rate	ECG MEAN HEART RATE

RR	SUMMARY (MEAN) RR DURATION
PR	SUMMARY (MEAN) PR DURATION
QT	SUMMARY (MEAN) QT DURATION
QRS	SUMMARY (MEAN) QRS DURATION
QTcB	QTcB - BAZETT'S CORRECTION FORMULA
QTcF	QTcF - Fridericia's Correction Formula

EGUNIT	
Beats per Minute	BEATS/MIN
Millisecond	msec

EGTESTCD	
ECG Mean Heart Rate	EGHRMN
Summary (Mean) RR Duration	RRMEAN
Summary (Mean) PR Duration	PRMEAN
Summary (Mean) QT Duration	QTMEAN
Summary (Mean) QRS Duration	QRSDUR
QTcB - Bazett's Correction Formula	QTcB

Exhaled CO Measurement

Were exhaled CO measurements performed?

NoYes

Date of Collection

MM/DD/YYYY

Exhaled CO measurement (ppm)

NY


























No

N

Yes

Y

Fagerstrom Test for Cigarette Dependence

Not Done	 <input type="checkbox"/>	
Reason Not Done	 <input type="text"/>	
Date of Assessment	 <input type="text"/>  MM/DD/YYYY	
How soon after you wake up do you smoke your first cigarette?	 <input type="text"/> 	
Do you find it difficult to refrain from smoking in places where it is forbidden (e.g., in church, at the library, in the cinema)?	 <input type="text"/> 	
Which cigarette would you hate most to give up?	 <input type="text"/> 	
How many cigarettes per day do you smoke?	 <input type="text"/> 	
Do you smoke more frequently during the first hours after waking than during the rest of the day?	 <input type="text"/> 	
Do you smoke when you are so ill that you are in bed most of the day?	 <input type="text"/> 	

FTMIN

Within 5 minutes	WITHIN 5 MINUTES
6 - 30 minutes	6 - 30 MINUTES
31 - 60 minutes	31 - 60 MINUTES
After 60 minutes	AFTER 60 MINUTES

NY

No	N
Yes	Y

FTGIUP

The first one in the morning	THE FIRST ONE IN THE MORNING
Any other	ANY OTHER

FTCPD

31 or more	31 OR MORE
21 - 30	21 - 30
11 - 20	11 - 20
10 or less	10 OR LESS

Serum FSH

+

Was FSH collected?

⚠

☐ No
☐ Yes

+

If No, reason not performed

⚠

+

If Yes, is subject post-menopausal?



⚠

☐ No
☐ Yes

+

Date of Collection

⚠

MM/DD/YYYY

+

NY

No

N

Yes

Y

Inclusion / Exclusion Criteria Not Met

+

Met All Eligibility Criteria?

⬇

☐ No
☐ Yes

+

+

Criterion Identifier	Criterion	Inclusion/Exclusion Category
<div>⬇</div> <div> <input type="text"/> <div>⬇</div> </div> <div>+</div>	<div>⬇</div> <div> <div></div> <div>⬆</div> <div>⬇</div> </div> <div>+</div>	<div>⬇</div> <div> <input type="text"/> <div>⬇</div> </div> <div>+</div>

Add More

+

Not a true data. Flag used to create form only once.

⬇

+

NY

No

N

Yes

Y

IETESTCD	
INLC01	INCL01
INCL02	INCL02
INCL03	INCL03
INCL04	INCL04
INCL05	INCL05
INCL06	INCL06
INCL07	INCL07
INCL08	INCL08
INCL09	INCL09
INCL10	INCL10
INCL11	INCL11
INCL12	INCL12

EXCL01	EXCL01
EXCL02	EXCL02
EXCL03	EXCL03
EXCL04	EXCL04
EXCL05	EXCL05
EXCL06	EXCL06
EXCL07	EXCL07
EXCL08	EXCL08
EXCL09	EXCL09
EXCL10	EXCL10
EXCL11	EXCL11
EXCL12	EXCL12
EXCL13	EXCL13
EXCL14	EXCL14
EXCL15	EXCL15
EXCL16	EXCL16
EXCL17	EXCL17
EXCL18	EXCL18
EXCL19	EXCL19
EXCL20	EXCL20
EXCL21	EXCL21
EXCL22	EXCL22
EXCL23	EXCL23

IECAT	
Inclusion	INCLUSION
Exclusion	EXCLUSION



Minnesota Nicotine Withdrawal Scale - Revised			
1. Angry, irritable, frustrated	⬇	<input type="text"/>	⬆
2. Anxious, nervous	⬇	<input type="text"/>	⬆
3. Depressed mood, sad	⬇	<input type="text"/>	⬆
4. Desire or craving to smoke	⬇	<input type="text"/>	⬆
5. Difficulty concentrating	⬇	<input type="text"/>	⬆
6. Increased appetite, hungry, weight gain	⬇	<input type="text"/>	⬆
7. Insomnia, sleep problems, awakening at night	⬇	<input type="text"/>	⬆
8. Restless	⬇	<input type="text"/>	⬆
9. Impatient	⬇	<input type="text"/>	⬆
10. Constipation	⬇	<input type="text"/>	⬆
11. Dizziness	⬇	<input type="text"/>	⬆
12. Coughing	⬇	<input type="text"/>	⬆
13. Dreaming or nightmares	⬇	<input type="text"/>	⬆
14. Nausea	⬇	<input type="text"/>	⬆
15. Sore throat	⬇	<input type="text"/>	⬆

MNWS	
0 = none	0
1 = slight	1
2 = mild	2
3 = moderate	3
4 = severe	4

Medical History				
Has the subject experienced any past and/or concomitant medical conditions, significant past medical history or past surgeries? <input type="radio"/> No <input type="radio"/> Yes				
MH Number	Reported Term	Onset Date	Ongoing?	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/> MM/DD/YYYY	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/> MM/DD/YYYY
Add More				

NY
No N
Yes Y

Physical Examination - Full				
Was the Physical Examination performed?		<input type="radio"/> No <input type="radio"/> Yes		
If No, reason not performed		<input type="text"/>		
Date of Examination		<input type="text"/> MM/DD/YYYY		
Body System	If Other, specify	Result	Specify if Abnormal or Not Done	Specify Clinical Significance if Abnormal
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> NCS <input type="radio"/> CS
Add More				

NY
No N
Yes Y

PETEST	
General Appearance	GENERAL APPEARANCE
HEENT	HEENT
Thyroid (Endocrine)	THYROID (ENDOCRINE)
Heart	HEART
Chest	CHEST
Lungs	LUNGS
Abdomen	ABDOMEN
Skin	SKIN
Neurological	NEUROLOGICAL
Extremities	EXTREMITIES
Back/Neck	BACK/NECK

Lymph Nodes	LYMPH NODES
Musculoskeletal	MUSCULOSKELETAL
Oral Cavity	ORAL CAVITY
Oropharynx	OROPHARYNX
Other	OTHER

PERES		
Normal	NORMAL	PE,OTHER
Abnormal	ABNORMAL	PE,OTHER
Not Done	NOT DONE	PE
Not Applicable	NOT APPLICABLE	OTHER

NCSCS	
NCS	NCS
CS	CS


Physical Examination - Symptom-driven			
Was the Physical Examination performed?		<input type="radio"/> No <input type="radio"/> Yes	
If No, reason not performed		<input type="text"/>	
Date of Examination		<input type="text"/> MM/DD/YYYY	
Were there any abnormal findings?		<input type="radio"/> No <input type="radio"/> Yes	
Body System	If Other, specify	Specify Abnormal Findings	Specify Clinical Significance if Abnormal
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> NCS <input type="radio"/> CS
Add More			













NY	
No	N
Yes	Y

PETEST	
General Appearance	GENERAL APPEARANCE
HEENT	HEENT
Thyroid (Endocrine)	THYROID (ENDOCRINE)
Heart	HEART
Chest	CHEST
Lungs	LUNGS
Abdomen	ABDOMEN
Skin	SKIN
Neurological	NEUROLOGICAL
Extremities	EXTREMITIES

Back/Neck	BACK/NECK
Lymph Nodes	LYMPH NODES
Musculoskeletal	MUSCULOSKELETAL
Oral Cavity	ORAL CAVITY
Oropharynx	OROPHARYNX
Other	OTHER

NCSCS	
NCS	NCS
CS	CS

Puffing Topography	
Date of Collection	<input type="text"/>  MM/DD/YYYY
Did the subject smoke?	<input type="radio"/> No <input type="radio"/> Yes
How many cigarettes did the subject smoke during the 1 hour topography session?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Puff Duration (units)	<input type="text"/>
Puff Volume (units) Puff	<input type="text"/>
Flow Rate (units)	<input type="text"/>
Average Flow Rate (units)	<input type="text"/>
Inter-Puff Interval (units)	<input type="text"/>

Pregnancy Test			
Was the pregnancy test performed?		<input type="radio"/> No <input type="radio"/> Yes	
If No, reason not performed		<input type="text"/>	
Date of Collection		<input type="text"/>  MM/DD/YYYY	
Test Type		<input type="text"/> 	
Pregnancy Test Result		<input type="radio"/> Negative <input type="radio"/> Positive	

NY	
No	N
Yes	Y

PGCAT	
Serum	SERUM
Urine	URINE

NEG_POS	
Negative	NEGATIVE
Positive	POSITIVE

Perceived Health Risk Scale

Indicate your perception of the risk of becoming addicted to the cigarette you are currently using.



PH

1 Very low risk	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10 Very high risk	10

VLN Product Trial

Number of cigarettes smoked 



Brief Questionnaire of Smoking Urges

1. I have a desire to smoke right now.	⚠	<input type="text"/>	⌵	+
2. Nothing would be better than smoking right now.	⚠	<input type="text"/>	⌵	+
3. If it were possible, I probably would smoke right now.	⚠	<input type="text"/>	⌵	+
4. I could control things better right now if I could smoke.	⚠	<input type="text"/>	⌵	+
5. All I want right now is a cigarette.	⚠	<input type="text"/>	⌵	+
6. I have an urge for a cigarette.	⚠	<input type="text"/>	⌵	+
7. A cigarette would taste good now.	⚠	<input type="text"/>	⌵	+
8. I would do almost anything for a cigarette now.	⚠	<input type="text"/>	⌵	+
9. Smoking would make me less depressed.	⚠	<input type="text"/>	⌵	+
10. I am going to smoke as soon as possible.	⚠	<input type="text"/>	⌵	+

QSUB

1 Strongly Disagree	1
2	2
3	3
4	4
5	5
6	6
7 Strongly Agree	7

Randomization

Randomization Date

MM/DD/YYYY

Today

Serology (HIV, HBsAg, HCV)

















Was the Serology sample collected?

NoYes

Date of Collection

MM/DD/YYYY

NY
No N
Yes Y

Tobacco/Nicotine Product Use History		
Not Done	 <input type="checkbox"/>	
Reason Not Done	 <input type="text"/>	
Duration of Cigarette Use	 <input type="text"/>	
Unit for Duration of Cigarette Use	 <input type="text"/> 	
Typical Number of Cigarettes Smoked Per Day	 <input type="text"/>	
Cigarette (Brand, Flavor, Style, Size)	 <input type="text"/> 	
If Other Cigarette (Brand, Flavor, Style, Size), specify	 <input type="text"/>	

NY	
No	N
Yes	Y

SUHXTYPE	
Every Day	Every Day
Some Days	Some Days
Rarely	Rarely
Not At All	Not At All

SUCDURU	
Days	DAYS
Weeks	WEEKS
Months	MONTHS
Years	YEARS

SUCIG	
305's Menthol 100 mm	305'S MENTHOL 100 MM
305's Menthol 85 mm	305'S MENTHOL 85 MM
Basic Menthol 100 mm	BASIC MENTHOL 100 MM

Basic Menthol 85 mm
Benson & Hedges Menthol Green 100 mm
Benson & Hedges Menthol Green 85 mm
Camel Crush (popped) 85 mm
Camel Crush Menthol (popped) 85 mm
Camel Crush Menthol (unpopped) 85 mm
Camel Crush Menthol Silver (popped) 85 mm
Doral Menthol 85 mm
Kool Menthol 100 mm
Kool Menthol Blue 100 mm
Kool Menthol 85 mm
L&M Bold Menthol 100 mm
L&M Bold Menthol 85 mm
L&M Menthol 100 mm
L&M Menthol 85 mm
Marlboro Menthol Green 100 mm
Marlboro Menthol Green 72 mm
Marlboro Menthol Green 85 mm
Marlboro Menthol Black 72 mm
Marlboro Menthol Black Select 100 mm
Marlboro Menthol Black Select 85 mm
Marlboro Menthol Black Special 100 mm
Marlboro Menthol Black Special 85 mm
Marlboro Menthol Blue 100 mm
Marlboro Menthol Blue 72 mm
Marlboro Midnight Menthol 85 mm
Marlboro Rich Blue Menthol 100 mm

BASIC MENTHOL 85 MM
BENSON & HEDGES MENTHOL GREEN 100 MM
BENSON & HEDGES MENTHOL GREEN 85 MM
CAMEL CRUSH (POPPED) 85 MM
CAMEL CRUSH MENTHOL (POPPED) 85 MM
CAMEL CRUSH MENTHOL (UNPOPPED) 85 MM
CAMEL CRUSH MENTHOL SILVER (POPPED) 85 MM
DORAL MENTHOL 85 MM
KOOL MENTHOL 100 MM
KOOL MENTHOL BLUE 100 MM
KOOL MENTHOL 85 MM
L&M BOLD MENTHOL 100 MM
L&M BOLD MENTHOL 85 MM
L&M MENTHOL 100 MM
L&M MENTHOL 85 MM
MARLBORO MENTHOL GREEN 100 MM
MARLBORO MENTHOL GREEN 72 MM
MARLBORO MENTHOL GREEN 85 MM
MARLBORO MENTHOL BLACK 72 MM
MARLBORO MENTHOL BLACK SELECT 100 MM
MARLBORO MENTHOL BLACK SELECT 85 MM
MARLBORO MENTHOL BLACK SPECIAL 100 MM
MARLBORO MENTHOL BLACK SPECIAL 85 MM
MARLBORO MENTHOL BLUE 100 MM
MARLBORO MENTHOL BLUE 72 MM
MARLBORO MIDNIGHT MENTHOL 85 MM
MARLBORO RICH BLUE MENTHOL 100 MM

Marlboro Rich Blue Menthol 85 mm	MARLBORO RICH BLUE MENTHOL 85 MM
Marlboro Skyline Menthol 85 mm	MARLBORO SKYLINE MENTHOL 85 MM
Marlboro Smooth Menthol 100 mm	MARLBORO SMOOTH MENTHOL 100 MM
Marlboro Smooth Menthol 85 mm	MARLBORO SMOOTH MENTHOL 85 MM
Marlboro Menthol Special Blend 85 mm	MARLBORO MENTHOL SPECIAL BLEND 85 MM
Maverick Menthol 100 mm	MAVERICK MENTHOL 100 MM
Maverick Menthol 85 mm	MAVERICK MENTHOL 85 MM
Natural American Spirit Menthol Full-Bodied - Dark Green 85 mm	NATURAL AMERICAN SPIRIT MENTHOL FULL-BODIED - DARK GREEN 85 MM
Natural American Spirit Menthol Mellow Taste - Light Green 85 mm	NATURAL AMERICAN SPIRIT MENTHOL MELLOW TASTE - LIGHT GREEN 85 MM
Newport Menthol 100 mm	NEWPORT MENTHOL 100 MM
Newport Menthol 85 mm	NEWPORT MENTHOL 85 MM
Newport Platinum Blue 100 mm	NEWPORT PLATINUM BLUE 100 MM
Newport Platinum Blue 85 mm	NEWPORT PLATINUM BLUE 85 MM
Pall Mall Menthol 100 mm	PALL MALL MENTHOL 100 MM
Pall Mall Menthol 85 mm	PALL MALL MENTHOL 85 MM
Pall Mall Menthol Black 100 mm	PALL MALL MENTHOL BLACK 100 MM
Pall Mall Menthol Black 85 mm	PALL MALL MENTHOL BLACK 85 MM
Parliament Menthol Green 85 mm	PARLIAMENT MENTHOL GREEN 85 MM
Parliament Menthol White 100 mm	PARLIAMENT MENTHOL WHITE 100 MM
Pyramid Menthol Gold 100 mm	PYRAMID MENTHOL GOLD 100 MM
Pyramid Menthol Gold 85 mm	PYRAMID MENTHOL GOLD 85 MM
Salem Menthol 85 mm	SALEM MENTHOL 85 MM
USA Menthol 85 mm	USA MENTHOL 85 MM
Wave Menthol 100 mm	WAVE MENTHOL 100 MM
Wave Menthol 85 mm	WAVE MENTHOL 85 MM
Other	OTHER

SUFLVR	
Menthol	MENTHOL
Other	OTHER

24-Hour Urine Collection									
Planned Timepoint	Was the sample collected?	If No, reason not collected	Collection Start Date	Collection Start Time (24 Hour Clock)	Collection Stop Date	Collection End Time (24 Hour Clock)	Total Weight (g)	Was any void in this 24 hour period lost or discarded?	Comment for lost or discarded sample
<input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/>	<input type="text"/> MM/DD/YYYY	<input type="text"/> HH:MM	<input type="text"/> MM/DD/YYYY	<input type="text"/> HH:MM	<input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/>

Add More

NY

No N

Yes Y

UCREASND	
No Urine Collected - Subject unable to void	NO URINE COLLECTED - SUBJECT UNABLE TO VOID
Collection Error	COLLECTION ERROR
Lab Error	LAB ERROR
Subject Early Termination	SUBJECT EARLY TERMINATION

Urine Cotinine Screen

Was the Urine Cotinine sample collected?



☐ No ☐ Yes



Date of Collection



MM/DD/YYYY



Is result positive for urine cotinine (greater than or equal to 500 ng/mL)?

















☐ No ☐ Yes



NY

No ☐ N

Yes ☐ Y

Vital Signs				
Not Done		<input type="checkbox"/>		
Reason Not Done		<input type="text"/>		
Date of Measurements		<input type="text"/>		
Time of Measurements (24 Hour Clock)		<input type="text"/>		
		MM/DD/YYYY		
		HH:MM		
Not Done	Result	Test Name	Unit	Clinical Significance
				
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> NCS <input type="radio"/> CS
Add More				

VSTEST	
Height	HEIGHT
Weight	WEIGHT
Body Mass Index	BMI
Temperature	TEMP
Heart Rate	HR
Respiratory Rate	RESP
Systolic Blood Pressure	SYSBP
Diastolic Blood Pressure	DIABP

VSORRESU	
Centimeter	cm
Kilogram	kg
Kilogram per Square Meter	kg/m^2
Breaths Per Minute	BREATHS/MIN

Fahrenheit	F
Millimeter of Mercury	mmHg
Beats Per Minute	BEATS/MIN

NCSCS	
NCS	NCS
CS	CS

Chemistry

Accession Number

Date of Collection

Time of Collection

Test Results

Test Code	Test Name	Test Result	Units	Reference Range Lower Limit Numeric Value	Reference Range Upper Limit Numeric Value	Reference Range Flag	Clinical Significance	Comment
							<input type="radio"/> No <input type="radio"/> Yes	

Add More

NY

No N

Yes Y

Hematology

Accession Number

Date of Collection

Time of Collection

Test Results

Test Code	Test Name	Test Result	Units	Reference Range Lower Limit Numeric Value	Reference Range Upper Limit Numeric Value	Reference Range Flag	Clinical Significance	Comment
							<input type="radio"/> No <input type="radio"/> Yes	

Add More

NY

No N

Yes Y

Urinalysis

Accession Number

Date of Collection

Time of Collection

Test Results

Test Code	Test Name	Test Result	Units	Reference Range Lower Limit Numeric Value	Reference Range Upper Limit Numeric Value	Reference Range Flag	Clinical Significance	Comment
							<input type="radio"/> No <input type="radio"/> Yes	

Add More

NY

No N

Yes Y

Visit		
Visit		+
Visit Not Done	<input type="checkbox"/>	+
Reason Not Done	<input type="text"/>	+
Visit Name	<input type="text"/>	+
Visit Date	<input type="text"/> MM/DD/YYYY	+
Visit Number	<input type="text"/>	+
Was tobacco cessation information provided?	<input type="radio"/> No <input type="radio"/> Yes	+
Please specify if not done	<input type="text"/>	+
Visit Type	<input type="radio"/> End of Study <input type="radio"/> Early Termination	+
Expected Visit Date	<input type="text"/> MM/DD/YYYY	+
Earliest Expected Visit Date	<input type="text"/> MM/DD/YYYY	+
Latest Expected Visit Date	<input type="text"/> MM/DD/YYYY	+
Planned Study Day of Visit	<input type="text"/>	+
Upcoming Visit Offset	<input type="text"/>	+
Visit Caption	<input type="text"/>	+
Did the subject report any changes in medical history(ies) since the last visit?	<input type="radio"/> No <input type="radio"/> Yes	+
Did the subject report any new AEs or any changes to AEs since the last visit?	<input type="radio"/> No <input type="radio"/> Yes	+
Did the subject report any new concomitant medication or any changes to concomitant medication since the last visit?	<input type="radio"/> No <input type="radio"/> Yes	+

NY	
No	N
Yes	Y

VISTYPE	
End of Study	End of Study
Early Termination	Early Termination

Adverse Events

+

Were any Adverse Events experienced?  ☐ No ☐ Yes

+

NY	
No	N
Yes	Y

Adverse Event			
AE Number		<input type="text"/>	
Adverse Event		<input type="text"/>	
Onset Date		<input type="text"/>	
		MM/DD/YYYY	
Onset Time (24 Hour Clock)		<input type="text"/>	
		HH:MM	
Ongoing		<input type="radio"/> No <input type="radio"/> Yes	
Resolved Date		<input type="text"/>	
		MM/DD/YYYY	
Resolved Time (24 Hour Clock)		<input type="text"/>	
		HH:MM	
Frequency		<input type="text"/>	
Severity		<input type="text"/>	
Serious Event?		<input type="radio"/> No <input type="radio"/> Yes	
Serious Criteria			
A congenital anomaly/birth defect		<input type="radio"/> No <input type="radio"/> Yes	
A persistent or significant disability/incapacity		<input type="radio"/> No <input type="radio"/> Yes	
In-patient hospitalization or prolongation of existing hospitalization		<input type="radio"/> No <input type="radio"/> Yes	
Admission Date		<input type="text"/>	
		MM/DD/YYYY	
Discharge Date		<input type="text"/>	
		MM/DD/YYYY	
A life-threatening adverse study experience		<input type="radio"/> No <input type="radio"/> Yes	
Important medical event		<input type="radio"/> No <input type="radio"/> Yes	
Death		<input type="radio"/> No <input type="radio"/> Yes	
Date of Death		<input type="text"/>	
		MM/DD/YYYY	
Was an autopsy performed?		<input type="radio"/> No <input type="radio"/> Yes	

Outcome		<input type="text"/>		
Action taken with study product		<input type="text"/>		
Relationship to study product		<input type="text"/>		
What other action was taken in response to this adverse event?		<input type="text"/>		
Verbatim Term		<input type="text"/>		
MedDRA LLT Name		<input type="text"/>		
MedDRA LLT Code		<input type="text"/>		
MedDRA PT Name		<input type="text"/>		
MedDRA PT Code		<input type="text"/>		
MedDRA HLT Name		<input type="text"/>		
MedDRA HLT Code		<input type="text"/>		
MedDRA HLGT Name		<input type="text"/>		
MedDRA HLGT Code		<input type="text"/>		
MedDRA SOC Name		<input type="text"/>		
MedDRA SOC Code		<input type="text"/>		
Not a true data. Flag is used for New SAE Notification.		<input type="text"/>		
Not a true data. Concatenated field used for Updated SAE Notification.		<input type="text"/>		
Not a true data. Flag is used for SAE comparison.		<input type="text"/>		

NY	
No	N
Yes	Y

AEFREQ	
Single Episode	SINGLE EPISODE
Intermittent	INTERMITTENT
Continuous	CONTINUOUS

AESEV	
Mild	MILD
Moderate	MODERATE
Severe	SEVERE

OUT	
Fatal	FATAL
Unchanged	UNCHANGED
Resolved	RESOLVED
Worse	WORSE
Improved	IMPROVED
Unknown (lost to follow-up)	UNKNOWN (LOST TO FOLLOW-UP)
Not Recovered/Not Resolved	NOT RECOVERED/NOT RESOLVED
Recovered/Resolved	RECOVERED/RESOLVED
Recovered/Resolved with Sequelae	RECOVERED/RESOLVED WITH SEQUELAE
Recovering/Resolving	RECOVERING/RESOLVING
Unknown	UNKNOWN

ACN	
Dose Not Changed	DOSE NOT CHANGED
Dose Reduced	DOSE REDUCED
Study Product Interrupted	DRUG INTERRUPTED
Study Product Withdrawn	DRUG WITHDRAWN
Not Applicable	NOT APPLICABLE
Dose Increased	DOSE INCREASED
Drug Interrupted	DRUG INTERRUPTED
Drug Withdrawn	DRUG WITHDRAWN
Unknown	UNKNOWN

AEREL	
Not related	NOT RELATED
Unlikely Related	Unlikely Related
Unlikely	UNLIKELY
Possibly Related	Possibly Related
Possible	POSSIBLE
Related	Related
Likely	LIKELY
Definitely	DEFINITELY

Concomitant Medications

+






































Were any medications taken?  ☐ No ☐ Yes

+

NY

No	N
Yes	Y

Prior and Concomitant Medications**Record all prior and concomitant medications taken from within 30 days prior to screening up to end of study.**

Concomitant Medication Number		<input type="text"/>	
Medication / Therapy Name		<input type="text"/>	
Indication		<input type="text"/> 	
If Other Indication, specify		<input type="text"/>	
Primary Medical History Term		<input type="text"/> 	
Primary Adverse Event Term		<input type="text"/> 	
Dose		<input type="text"/>	
Unit		<input type="text"/> 	
If Other Unit, specify		<input type="text"/> 	
Dose Form		<input type="text"/> 	
Frequency		<input type="text"/> 	
If Other Frequency, specify		<input type="text"/> 	
Route		<input type="text"/> 	
If Other Route, specify		<input type="text"/> 	
Was the medication/therapy taken prior to the study?		<input type="radio"/> No <input type="radio"/> Yes	
Start Date		<input type="text"/>  MM/DD/YYYY	
Start Time		<input type="text"/> HH:MM	
Ongoing		<input type="radio"/> No <input type="radio"/> Yes	
End Date		<input type="text"/>  MM/DD/YYYY	
End Time		<input type="text"/> HH:MM	
Not true data. Flag used for CM Coding		<input type="text"/>	
Verbatim Term		<input type="text"/>	
Verbatim Term		<input type="text"/>	

Trade Name		<input type="text"/>		
Generic Name		<input type="text"/>		
Salt/Ester		<input type="text"/>		
Level 4 Code		<input type="text"/>		
Level 4 Term		<input type="text"/>		
Level 1 Code		<input type="text"/>		
Level 1 Term		<input type="text"/>		
Drug Record Number		<input type="text"/>		
WHODrug SEQ1		<input type="text"/>		
Level 2 Code		<input type="text"/>		
Level 2 Term		<input type="text"/>		
WHODrug SEQ2		<input type="text"/>		
Indication for Coding		<input type="text"/>		
Level 3 Code		<input type="text"/>		
Level 3 Term		<input type="text"/>		
Route for Coding		<input type="text"/>		
Country for Coding		<input type="text"/>		

CMINDC	
Medical History	MEDICAL HISTORY
Adverse Event	ADVERSE EVENT
Prophylaxis	PROPHYLAXIS
Dietary Supplement	DIETARY SUPPLEMENT
Other	OTHER

CMUNIT	
Milligram	mg
Microgram	ug
Milliliter; cm3	mL
Tablespoon Dosing Unit	Tbsp
Teaspoon Dosing Unit	tsp
Ounce	oz
Capsule Dosing Unit	CAPSULE
Tablet Dosing Unit	TABLET
Application Dosing Unit	APPLICATION
Gram	g
Drop	gtt
Liter	L

Puff	PUFF
Other	OTHER

UNIT	
Percentage	%
Percent Inhibition	% INHIBITION
Percent Volume per Volume; vol%	%(v/v)
Percent Weight per Volume	%(w/v)
Percent Weight per Weight	%(w/w)
Percent per Minute	%/min
per 100 High Powered Fields	/100 HPFs
Per 100 White Blood Cells	/100 WBC
/10 ³ cells	/10 ³ cells
Daily; Per Day	/day
Per Deciliter	/dL
Per Hour	/h
per High Powered Field	/HPF
Per Kilogram	/kg
Per Liter	/L
per Low Powered Field	/LPF
Per Milliliter	/mL
Every Month; Per Month	/month
Per Nanoliter	/nL
Per Picoliter	/pL
/mm ³ ; Per Microliter	/uL
per Visual Field	/VF
Every week; Per Week; QS	/wk
100 International units/Milliliter	100 IU/mL
10 ⁴ /mm ³ ; 10 ⁴ /uL; 10 ⁷ /mL	10 ⁴ /L
10 ⁵ /mm ³ ; 10 ⁵ /uL; 10 ⁸ /mL	10 ⁴ /L
TIU/L; Tera International Unit per Liter	10 ¹² IU/L
10 ⁶ /mm ³ ; 10 ⁶ /uL; T/L; TI/L; Tera/L	10 ¹² /L
Thousand CFU; Thousand Colony Forming Units	10 ³ CFU
Thousand CFU/g; Thousand Colony Forming Units per Gram	10 ³ CFU/g
Thousand CFU/mL; Thousand Colony Forming Units per Milliliter	10 ³ CFU/mL
10 ³ copies/mL	10 ³ copies/mL
10 ³ DNA copies/mL	10 ³ DNA copies/mL
Thousand Organisms	10 ³ organisms
Thousand Organisms per Gram; Thousand Organisms/g	10 ³ organisms/g
Thousand Organisms per Milliliter; Thousand Organisms/mL	10 ³ organisms/mL
10 ³ RNA copies/mL	10 ³ RNA copies/mL

10 ³ /hpf	10 ³ /hpf
10 ³ /L	10 ³ /L
10 ⁴ /hpf	10 ⁴ /hpf
10 ⁴ /L	10 ⁴ /L
10 ⁵ /hpf	10 ⁵ /hpf
10 ² /mL	10 ⁵ /L
Million CFU; Million Colony Forming Units	10 ⁶ CFU
Million CFU/g; Million Colony Forming Units per Gram	10 ⁶ CFU/g
Million CFU/mL; Million Colony Forming Units per Milliliter	10 ⁶ CFU/mL
10 ⁶ copies/mL	10 ⁶ copies/mL
10 ⁶ DNA copies/mL	10 ⁶ DNA copies/mL
Million IU; Million International Units	10 ⁶ IU
10 ⁶ IU/mL	10 ⁶ IU/mL
Million Organisms	10 ⁶ organisms
Million Organisms per Gram; Million Organisms/g	10 ⁶ organisms/g
Million Organisms per Milligram; Million Organisms/mg	10 ⁶ organisms/mg
Million Organisms per Milliliter; Million Organisms/mL	10 ⁶ organisms/mL
10 ⁶ RNA copies/mL	10 ⁶ RNA copies/mL
10 ⁶ /g	10 ⁶ /g
10 ⁶ /hpf	10 ⁶ /hpf
10 ³ /mL; M/L; Mega/L	10 ⁶ /L
10 ⁶ /dL	10 ⁷ /L
10 ² /mm ³ ; 10 ² /uL; 10 ⁵ /mL	10 ⁸ /L
Billion CFU; Billion Colony Forming Units	10 ⁹ CFU
Billion CFU/g; Billion Colony Forming Units per Gram	10 ⁹ CFU/g
Billion CFU/mL; Billion Colony Forming Units per Milliliter	10 ⁹ CFU/mL
Billion Organisms	10 ⁹ organisms
Billion Organisms per Gram; Billion Organisms/g	10 ⁹ organisms/g
Billion Organisms per Milligram; Billion Organisms/mg	10 ⁹ organisms/mg
Billion Organisms per Milliliter; Billion Organisms/mL	10 ⁹ organisms/mL
10 ³ /mm ³ ; 10 ³ /uL; 10 ⁶ /mL; G/L; GI/L; Giga per Liter	10 ⁹ /L
Arbitrary Fluorescence Unit	AFU
Attogram	ag
Antigen Unit per Milliliter	AgU/mL
Attomole	amol
Ampere	amp
Ampule Dosing Unit	AMPULE
Atomic Mass Unit	amu
Anti-Xa Activity International Unit	anti-Xa IU
Anti-Xa Activity International Unit per Milliliter	anti-Xa IU/mL

Antibody Unit	Antibody Unit
Immunoglobulin A Phospholipid Units per Milliliter	APL U/mL
Application Dosing Unit	APPLICATION
Atmosphere	atm
Absorbance Unit	AU
Absorbance Unit per Minute	AU/min
Allergy Unit per Milliliter	AU/mL
Bag Dosing Unit	BAG
Bar Dosing Unit	BAR
Bioequivalent Allergy Unit	BAU
Bioequivalent Allergy Unit per Milliliter	BAU/mL
Biological Unit per Milliliter	BE/mL
Beats per Minute	BEATS/MIN
Bel	bel
Biscuit	BISCUIT
Blocks	BLOCKS
Bolus Dosing Unit	BOLUS
Bottle Dosing Unit	BOTTLE
Box Dosing Unit	BOX
Becquerel	Bq
Becquerel per Gram	Bq/g
Becquerel per Kilogram	Bq/kg
Becquerel per Liter	Bq/L
Becquerel per Milligram; Kilobecquerel per Gram; kBq/g	Bq/mg
Becquerel per Milliliter; Kilobecquerel per Liter; kBq/L	Bq/mL
Becquerel per Microgram; Bq/mcg; Kilobecquerel per Milligram; MBq/g; Megabecquerel per Gram; kBq/mg	Bq/ug
Becquerel per Microliter; Kilobecquerel per Milliliter; MBq/L; Megabecquerel per Liter; kBq/mL	Bq/uL
Breaths per Minute	BREATHS/MIN
Bethesda Unit	BU
Bethesda Unit per Milliliter	BU/mL
Degree Celsius	C
Calorie	cal
Can Dosing Unit	CAN
Capful Dosing Unit	CAPFUL
Caplet Dosing Unit	CAPLET
Capsule Dosing Unit; cap	CAPSULE
Cartridge Dosing Unit	CARTRIDGE
50 Percent Cell Culture Infective Dose per Dose	CCID 50/dose
50 Percent Cell Culture Infective Dose per Milliliter	CCID 50/mL

Candela	cd
Colony Forming Unit per Gram	CFU/g
Colony Forming Unit per Milliliter	CFU/mL
Centigram	cg
Centigray	cGy
Curie	Ci
Curie per Gram; Microcurie per Microgram; Millicurie per Milligram; mCi/mg; uCi/ug	Ci/g
Curie per Kilogram; Microcurie per Milligram; Millicurie per Gram; mCi/g; uCi/mg	Ci/kg
Curie per Liter; Microcurie per Microliter; uCi/uL	Ci/L
Curie per Milligram; Millicurie per Microgram; mCi/ug	Ci/mg
Curie per Milliliter	Ci/mL
Ci/mcg; Curie per Microgram	Ci/ug
Ci/mL; Curie per Microliter	Ci/uL
Cigar Dosing Unit	CIGAR
Cigarette Dosing Unit	CIGARETTE
Centiliter	cL
Centimeter	cm
cm H2O	cm H2O
Centimeters per Minute	cm/min
cm/sec	cm/s
Square Centimeter	cm ²
Centimole	cmol
Millimoles per Deciliter; mmol/dL	cmol/L
Coat Dosing Unit	COAT
Container Dosing Unit	CONTAINER
copies/mL	copies/mL
copies/uL	copies/uL
Coulomb	Coulomb
Counts per Minute	cpm
10 ⁻² sec; Centisecond; csec	cs
Cup Dosing Unit	CUP
Grating Cycles per Centimeter; cpcm	cy/cm
Cycle per Minute	cycle/min
Cycle per Second	cycle/sec
Cylinder Dosing Unit	CYLINDER
D Antigen Unit	DAGU
D Antigen Unit per Milliliter	DAGU/mL
Decamole per Liter; Moles per Deciliter; mol/dL	damol/L
Day	DAYS
Decibel	dB

Degree Unit of Plane Angle	deg
Diopter	DIOPTER
Disk Dosing Unit	DISK
Deciliter	dL
Decimole	dmol
DNA Copies per Milliliter	DNA copies/mL
Disintegrations per Minute	DPM
Disintegrations per Minute per 0.5 Milliliter	dpm/0.5 mL
Disintegrations per Minute per 100 milligrams; dpm/cg	dpm/100mg
Disintegrations per Minute per Milligram	dpm/mg
Disintegrations per Minute per Milliliter	dpm/mL
Dram	dram
Drum Dosing Unit	DRUM
Dyne	dyn
50 Percent Embryo Infective Dose per Dose	EID 50/dose
50 Percent Embryo Infective Dose per Milliliter	EID 50/mL
Enzyme-Linked Immunosorbent Assay Unit	ELISA unit
Enzyme-Linked Immunosorbent Assay Unit per Dose	ELISA unit/dose
Enzyme-Linked Immunosorbent Assay Unit per Milliliter	ELISA unit/mL
Enzyme Unit	Enzyme U
Equivalent Weight	eq
EU/dL; Ehrlich Units	EU
Degree Fahrenheit	F
Farad	Farad
Fibrinogen Equivalent Units	FEU
Femtogram	fg
Fingertip Unit	FINGERTIP UNIT
Cubic Micrometer; Cubic Micron; Femtoliter; um3	fL
Femtomole	fmol
Femtomole per Gram	fmol/g
Femtomole per Liter	fmol/L
Fluid Ounce Imperial	foz_br
Fluid Ounce US	foz_us
Fraction of 1	fraction of 1
F/s; FPS; Frames per Second; Frames/sec	Frames/s
Foot	ft
Square Foot	ft2
Standard Cubic Foot	ft3
Gram	g
Gram per Animal	g/animal

Gram per Animal per Day	g/animal/day
Gram per Animal per Week	g/animal/wk
Gram per Cage	g/cage
Gram per Cage per Day	g/cage/day
Gram per Cage per Week	g/cage/wk
Gram per Square Centimeter	g/cm2
Gram per Day; g/24h; g/d; gram/24 Hours; gram/day	g/day
Gram per Deciliter; g%	g/dL
Gram per Gram	g/g
Gram per Gram per Day	g/g/day
Gram per Kilogram; Milligram per Gram; mg/g	g/kg
Gram per Kilogram per Day; Milligram per Gram per Day; mg/g/day	g/kg/day
Gram per Liter; Kilogram per Cubic Meter; Microgram per Microliter; Milligram per Milliliter; g/L; kg/m3; mg/mL; ug/uL	g/L
Gram per Square Meter	g/m2
Gram per Square Meter per Day	g/m2/day
Gram per Mole	g/mol
Gauss	Gauss
Gigabecquerel	GBq
Gigabecquerel per Gram; Kilobecquerel per Microgram; kBq/ug	GBq/g
Gigabecquerel per Milligram; MBq/mcg; MBq/ug; Megabecquerel per Microgram	GBq/mg
GBq/mcg; Gigabecquerel per Microgram; MBq/ng; Megabecquerel per nanogram	GBq/ug
Immunoglobulin G Phospholipid Units per Milliliter	GPL U/mL
Grain	grain
Drop	gtt
Gray	Gy
Henry	Henry
Histamine Equivalent Prick Unit	HEP
Homeopathic Dilution Unit	HOMEOPATHIC DILUTION
HU	Hounsfield Unit
Hour; hr	HOURS
Hectopascal	hPa
High Power Field	HPF
Hertz	Hz
Implant Dosing Unit	IMPLANT
Inch	in
Square Inch	in2
Inhalation Dosing Unit	INHALATION
IE; International Unit	IU
IU/dL	IU/dL

International Unit per Gram	IU/g
International Unit per Kilogram	IU/kg
International units per Kilogram per Hour	IU/kg/h
IE/L; IU/L; International Unit per Liter; mIU/mL	IU/L
International Unit per Milligram	IU/mg
IE/mL; International Unit per Milliliter; Kilo International Unit per Liter; kIU/L	IU/mL
Jar Dosing Unit	JAR
Joule	Joule
Kallikrein Inhibitor Unit	KALLIKREIN INHIBITOR UNIT
Katal	kat
Kilobecquerel	kBq
GBq/L; Gigabecquerel per Liter; Kilobecquerel per Microliter; MBq/mL; Megabecquerel per Milliliter	kBq/uL
Kilogram-Calorie	kcal
Kilodalton; Kilounified Atomic Mass Unit; ku	kDa
Kilogram	kg
Kilogram per Centimeter	kg/cm
Kilogram per Square Centimeter	kg/cm2
Gram per Milliliter; Kilogram per Liter; g/mL; gram/mL; kg/L; mg/uL	kg/L
Kilogram per Square Meter	kg/m2
kilohertz	kHz
Kit Dosing Unit	KIT
Kilo International Unit	kIU
Kilometer	km
Kilometer Per Hour	km/h
Kilonewton per Centimeter Squared; kdyn/cm2	kN/cm2
Kilopascal	kPa
Pa/mL/sec	kPa/L/sec
10^3 sec; Kilosecond; ksec	ks
Kilo United States Pharmacopoeia Unit	kUSP
Liter	L
L/h	L/h
Liters per Hour per Square Meter	L/h/m2
Liter per Kilogram	L/kg
Liter per Liter; dL/dL; mL/mL; uL/uL	L/L
Liters per Minute	L/min
Liters per Minute per Square Meter	L/min/m2
L/sec	L/s
Pound	LB
Lumen	lm

Log10 50 Percent Embryo Infective Dose per Dose	log EID 50/dose
Log10 50 Percent Cell Culture Infective Dose per Dose	log10 CCID 50/dose
log10 CFU/g	log10 CFU/g
log10 CFU/mL	log10 CFU/mL
log10 copies/mL	log10 copies/mL
Log10 Enzyme-Linked Immunosorbent Assay Unit	Log10 ELISA unit
Log10 Enzyme-Linked Immunosorbent Assay Unit per Dose	Log10 ELISA unit/dose
log10 IU/mL	log10 IU/mL
Log10 50 Percent Tissue Culture Infective Dose per Dose	log10 TCID 50/dose
Lozenge Dosing Unit	LOZENGE
Low Power Field	LPF
Lux	lx
Meter	m
Meter Per Second	m/sec
m/sec ²	m/sec ²
Square Meter	m ²
Cubic Meter	m ³
Megabecquerel	MBq
GBq/mL; Gigabecquerel per Milliliter; Megabecquerel per Microliter	MBq/uL
Millicurie	mCi
Microcurie per Gram; Millicurie per Kilogram; uCi/g	mCi/kg
Microcurie per Milliliter; Millicurie per Liter; uCi/mL	mCi/L
Milliequivalent	mEq
Milliequivalents per Day	mEq/day
Milliequivalent per Deciliter	mEq/dL
Weber	Weber
Milliequivalent Per Gram	mEq/g
Milliequivalent Per Kilogram	mEq/kg
Milliequivalent Per Liter; Millivalent per Liter; mval/L	mEq/L
Milliequivalent per Milliliter	mEq/mL
Milliequivalent per Millimole	mEq/mmol
Milliequivalent Per Microgram; mEq/mcg	mEq/ug
Milliequivalent Per Microliter	mEq/uL
Molecules of Equivalent Soluble Fluorochromes	MESF
Median Fluorescence Intensity	MFI
Milligram	mg
Milligram per Animal	mg/animal
Milligram per Day	mg/day
Milligram per Deciliter; mg%	mg/dL

Milligram per Gram per Hour	mg/g/h
Milligram per Gram per Minute	mg/g/min
Milligram per Hour	mg/h
Milligram per Kilogram; ug/g	mg/kg
Milligram per Kilogram per Day	mg/kg/day
Milligram per Kilogram per Hour	mg/kg/h
Milligram per Kilogram per Minute	mg/kg/min
Gram per Cubic Meter; Microgram per Milliliter; Milligram per Liter; g/m3; mcg/mL; mg/L; ng/uL; ug/mL	mg/L
Milligram per Square Meter	mg/m2
Milligram per Square Meter per Day	mg/m2/day
Milligram per Square Meter per Hour	mg/m2/h
Milligram per Square Meter per Minute	mg/m2/min
Milligram per Minute	mg/min
Milligram per Milliliter per Minute	mg/mL/min
ug/mmol	mg/mol
Megahertz	MHz
International Mile	Mile
Minute Unit of Time	min
Micro-International Unit per milliliter; mIE/L; mIU/L; mIU/mL; uIU/mL	mIU/L
mJoule/cm2	mJoule/cm2
Millikatal	mkat
Milliliter; cm3	mL
Milliliter per Animal	mL/animal
Milliliter per Animal per Day	mL/animal/day
Milliliter per Animal per Week	mL/animal/wk
Milliliter per Breath	mL/breath
Milliliter per Cage	mL/cage
Milliliter per Cage per Day	mL/cage/day
Milliliter per Cage per Week	mL/cage/wk
Milliliter per Centimeter; dL/m	mL/cm
mL/cm H2O	mL/cm H2O
Milliliter per Day	mL/day
Milliliters per Deciliter	mL/dL
Milliliter per Gram	mL/g
L/day/kg; L/kg/d; Milliliter per Gram per Day; mL/day/g; mL/g/day; uL/day/mg; uL/mg/day	mL/g/day
Milliliter per Gram per Hour	mL/g/h
Milliliter per Gram per Minute	mL/g/min
Milliliters per Hour	mL/h
Milliliter per Kilogram	mL/kg
Milliliter per Kilogram per Day	mL/kg/day

Milliliter per Kilogram per Hour	mL/kg/h
Milliliter per Kilogram per Minute; mL/kg/min; mL/min/kg; uL/g/min; uL/min/g	mL/kg/min
Milliliter per Square Meter	mL/m ²
Milliliter per Square Meter per Day	mL/m ² /day
Milliliter per Square Meter per Hour	mL/m ² /h
Milliliter per Square Meter per Minute	mL/m ² /min
Milliliters per Minute	mL/min
mL/min/1.73m ²	mL/min/1.73m ²
Milliliter per Minute per Torr	mL/min/mmHg
Milliliters per Millimeter of Mercury	mL/mmHg
mL/mmHg/min/L	mL/mmHg/min/L
mL/sec	mL/s
mL/sec/1.73m ²	mL/sec/1.73m ²
Millimeter	mm
Millimeters per Two Hours	mm/2h
Millimeter per Hour	mm/h
Millimeters per Minute	mm/min
Millimeters per Second	mm/sec
Square Millimeter	mm ²
Millimeter of Mercury	mmHg
	mmHg/L/min
Millimeter of Mercury per Second	mmHg/sec
Millimole	mmol
Millimole per 24 Hours	mmol/day
Millimole per Gram	mmol/g
Millimole per Kilogram	mmol/kg
Micromole per Milliliter; Millimole per Liter; Mole per Cubic Meter; mmol/mL; mmol/L; mol/m ³ ; nmol/uL; umol/mL	mmol/L
mmol/min/kPa	mmol/min/kPa
mmol/min/kPa/L	mmol/min/kPa/L
mmol/mol	mmol/mol
Mole	mol
Mole per Gram	mol/g
Mole per Liter; mmol/mL; mol/L	mol/L
Mole per Milligram	mol/mg
Mole per Milliliter	mol/mL
Mole per Mole; mmol/mmol	mol/mol
Month	MONTHS
Milliosmole	mOsm
Milliosmole per Kilogram	mOsm/kg

Millipascal	mPa
Miles per Hour	mph
Immunoglobulin M Phospholipid Units per Milliliter	MPL U/mL
Millisecond	msec
mU/L	mU/L
Millivolt	mV
Millivolt * Minutes	mV*min
Millivolt Squared per Hertz; Millivolt^2/Hertz	mV2/Hz
Nanocurie	nCi
Nebule	NEBULE
Needle Gauge	NEEDLE GAUGE
Newton	Newton
Nanogram	ng
Nanogram per Deciliter	ng/dL
Microgram per Cubic Meter; ng/L; pg/mL; ug/m3	ng/L
Normalized Fluorescence Intensity Unit; Normalized Intensity Unit; Relative Fluorescence Intensity Unit; Relative Intensity Unit	NIU
Nanokatal	nkat
Nanokatal per Liter	nkat/L
g/L; Gram per Liter; kg/m3; Kilogram per Cubic Metre; Microgram per Microliter; Milligram per Milliliter; ug/uL; mg/mL	g/L
Nanoliter	nL
Nanometer	nm
Nanomole	nmol
Nanomoles Bone Collagen Equivalents per Liter	nmol BCE/L
Nanomoles Bone Collagen Equivalents per Millimole	nmol BCE/mmol
Nanomole per Liter	nmol/L
Nanomole per Milliliter per Minute	nmol/mL/min
Nanosecond	nsec
Nanounit per Centiliter	nU/cL
Ohm	ohm
Osmole	osm
Ounce	oz
/Year; Every Year; Per Annum; Per Year	PA
Pascal	Pa
Pack	PACK
Pack Year	Pack Year
Pack Dosing Unit; Package Dosing Unit	PACKAGE
Packet Dosing Unit	PACKET
Patch Dosing Unit	PATCH
Pellet Dosing Unit	PELLET

pH	pH
Per Minute	per min
Per Second	per sec
Plaque Forming Unit	PFU
Plaque Forming Unit per Dose	PFU/dose
Plaque Forming Unit per Milliliter	PFU/mL
Picogram	pg
Picogram per Deciliter	pg/dL
fg/mL; pg/L	pg/L
Pipe Dosing Unit	PIPE
Pixel	PIXEL
PPCM; Pixels per Centimeter	PIXELS/cm
PPI; Pixels per Inch	PIXELS/in
Picokatal	pkat
Picoliter	pL
Picometer	pm
Picomole	pmol
Femtomole per Milliliter; Picomole per Liter; fmol/mL	pmol/L
Protein Nitrogen Unit per Milliliter	PNU/mL
Point	POINT
Pouch Dosing Unit	POUCH
Part per Billion	ppb
Part per Million	ppm
Part per Thousand	ppth
Parts per Trillion	pptr
Pressor Unit	PRESSOR UNITS
Picosecond	psec
Pounds per Square Inch	psi
British Pint; Imperial Pint	pt_br
US Pint	pt_us
Puff	PUFF
Quantity Sufficient	QUANTITY SUFFICIENT
Rad	Rad
Ratio	RATIO
Ring Dosing Unit	RING
RNA Copies per Milliliter	RNA copies/mL
Roentgen	Roentgen
Revolution per Minute	rpm
Sachet dosing unit	SACHET
Standardized Biological Unit per Milliliter	SBE/mL

Standard Cubic Meter	scm
Scoopful Dosing Unit	SCOOPFUL
Second	sec
SFU/10 ⁶ PBMC; Spots/10 ⁶ PBMC	SFC/10⁶ PBMC
Shock Wave	Shock Wave
Siemens	Siemens
Spray Dosing Unit	SPRAY
Standardized Quality Unit per Milliliter	SQU/mL
Steps	STEPS
Strip Dosing Unit	STRIP
Suppository Dosing Unit	SUPPOSITORY
Sievert	Sv
Syringe Dosing Unit	SYRINGE
Tablet Dosing Unit; tab	TABLET
Tampon Dosing Unit	TAMPON
Tablespoon Dosing Unit	Tbsp
50 Percent Tissue Culture Infective Dose per Dose	TCID 50/dose
Tesla	Tesla
Titer	titer
Torr	Torr
Trace Dosing Unit	TRACE
Troche Dosing Unit	TROCHE
Teaspoon Dosing Unit	tsp
Tube Dosing Unit	TUBE
Tuberculin Unit	tuberculin unit
Tuberculin Unit per Milliliter	tuberculin unit/mL
Unit	U
CARR U; Carratelli Unit	U.CARR
Unit per Animal	U/animal
Unit per Centiliter	U/cL
Unit per Deciliter	U/dL
Unit per Gram	U/g
Unit per Gram per Day	U/g/day
Unit per Gram per Hour	U/g/h
Unit per Gram per Minute	U/g/min
Unit per Kilogram	U/kg
Unit per kilogram per Day	U/kg/day
Unit per Kilogram per Hour	U/kg/h
Unit per Kilogram per Minute	U/kg/min
Unit per Liter; mU/mL	U/L

Unit per Square Meter	U/m ²
Unit per Square Meter per Day	U/m ² /day
Unit per Square Meter per Hour	U/m ² /h
Unit per Square Meter per Minute	U/m ² /min
Unit per Milligram	U/mg
Unit per Milliliter	U/mL
Unit per Millimole	U/mmol
Microcurie; mCi	uCi
Microcurie per Kilogram; mCi/kg	uCi/kg
Microcurie per Liter; mCi/L	uCi/L
Microequivalent	uEq
Microequivalent per Liter; Nanoequivalent per Milliliter; nEq/mL	uEq/L
Microgram; mcg	ug
Microgram per Animal	ug/animal
Microgram per Day; mcg/day	ug/day
Microgram per Deciliter	ug/dL
Microgram per Gram per Day	ug/g/day
Microgram per Gram per Hour	ug/g/h
Microgram per Gram per Minute	ug/g/min
Micrograms per Hour; mcg/h	ug/h
Microgram per Kilogram; mcg/kg; ng/g; ug/kg	ug/kg
Microgram per Kilogram per Day	ug/kg/day
Microgram per Kilogram per Hour	ug/kg/h
Gamma per Kilogram per Minute; Microgram per Kilogram per Minute; gamma/kg/min; mcg/kg/min	ug/kg/min
Microgram per Liter; Milligram per Cubic Meter; Nanogram per Milliliter; mcg/L; mg/m ³ ; ng/mL; ug/L	ug/L
Microgram per Square Meter	ug/m ²
Microgram per Square Meter per Day	ug/m ² /day
Microgram per Square Meter per Hour	ug/m ² /h
Microgram per Square Meter per Minute	ug/m ² /min
Micrograms per Minute; mcg/min	ug/min
Microgram per Milliliter per Hour	ug/mL/h
Microgram Equivalent	ugEq
Microkatal; mkat	ukat
Microkatal per Liter; mkat/L	ukat/L
Microliter; mL; mm ³	uL
Microliter per Milliliter; mL/mL	uL/mL
Micron; mcm	um
MicroSquare Meter	um ²
Micromole; mmol	umol

Micromoles per Day; mcmol/day	umol/day
Micromole per Liter	umol/L
Micromole per Liter per Minute	umol/L/min
Micromoles per Liter per Second	umol/L/sec
Micromole per Milligram per Minute	umol/mg/min
mcmol/min; umol/min	umol/min
Microosmole	uOsM
Microsecond	usec
Microvolt; mcV	uV
Microvolt * Seconds	uV*sec
Volt	V
V/s; Volt per Second	V/sec
volume fraction	v/v
Vial Dosing Unit	VIAL
Virtual Pixel	VIRTUAL PIXEL
Wafer Dosing Unit	WAFER
Watt	Watt
V*sec; Volt Second; Volt-second; Weber	Weber
Week	WEEKS
Yard	yd
Year	YEARS
Unknown	Unknown
Package Dosing Unit	PACKAGE
Mole per Liter	mol/L
Percent Volume per Volume	% (v/v)
International Unit	IU
Millimole per Liter; umol/mL; Micromole per Milliliter; mol/m3; Mole per Cubic Meter; mcmol/mL; mmol/L; nmol/uL	mmol/L
Kilogram per Liter; g/mL; Gram per Milliliter; gram/mL; kg/L; mg/uL	kg/L
g/m3; Gram per Cubic Meter; mg/L; Microgram per Milliliter; Milligram per Liter; mcg/mL; ng/uL; ug/mL	mg/L
Gram per Deciliter	g/dL
mg/m3; Microgram per Liter; Milligram per Cubic Meter; Nanogram per Milliliter; ug/L; ng/mL; mcg/L	ug/L
ug/m3; Microgram per Cubic Meter; ng/L; pg/mL	ng/L
Million International Units; Million IU	10^6 IU
International Unit per Liter; IU/L; mIU/mL	IU/L
International Unit per Milliliter; kIU/L; Kilo International Unit per Liter	IU/mL
Microgram per Kilogram; mcg/kg	ug/kg
Milligram per Kilogram	mg/kg
Picomole per Liter; fmol/mL; Femtomole per Milliliter	pmol/L
Milliequivalent Per Liter; mval/L; Millivalent per Liter	mEq/L

Thousand Colony Forming Units	10 ³ CFU
Million Colony Forming Units	10 ⁶ CFU
Billion Colony Forming Units	10 ⁹ CFU
Thousand Colony Forming Units per Gram; Thousand CFU/g	10 ³ CFU/g
Million Colony Forming Units per Gram; Million CFU/g	10 ⁶ CFU/g
Billion Colony Forming Units per Gram; Billion CFU/g	10 ⁹ CFU/g
Thousand Colony Forming Units per Milliliter; Thousand CFU/mL	10 ³ CFU/mL
Million Colony Forming Units per Milliliter; Million CFU/mL	10 ⁶ CFU/mL
Billion Colony Forming Units per Milliliter; Billion CFU/mL	10 ⁹ CFU/mL
Gram per Kilogram; mg/g; Milligram per Gram	g/kg
Mole per Mole	mol/mol
Log10 50 Percent Embryo Infective Dose	log10 EID 50
Log10 50 Percent Cell Culture Infective Dose	log10 CCID 50
Log10 50 Percent Tissue Culture Infective Dose	log10 TCID 50
Becquerel per Microgram; kBq/mg; Kilobecquerel per Milligram; MBq/g; Megabecquerel per Gram; Bq/mcg	Bq/ug
Becquerel per Milligram; kBq/g; Kilobecquerel per Gram	Bq/mg
Gigabecquerel per Gram; kBq/ug; Kilobecquerel per Microgram	GBq/g
Gigabecquerel per microgram; MBq/ng, Megabecquerel per nanogram; GBq/mcg	GBq/ug
Gigabecquerel per Milligram; Megabecquerel per Microgram; MBq/mcg; MBq/ug	GBq/mg
Curie per Gram; uCi/ug; Microcurie per Microgram; mCi/mg; Millicurie per Milligram	Ci/g
Curie per Kilogram; uCi/mg; Microcurie per Milligram; mCi/g; Millicurie per Gram	Ci/kg
Curie per Microgram; Ci/mcg	Ci/ug
Curie per Milligram; mCi/ug; Millicurie per Microgram	Ci/mg
50 Percent Embryo Infective Dose	EID 50
50 Percent Cell Culture Infective Dose	CCID 50
Millicurie per Kilogram; uCi/g; Microcurie per Gram	mCi/kg
Becquerel per Microliter; kBq/mL; Kilobecquerel per Milliliter; MBq/L; Megabecquerel per Liter	Bq/uL
Becquerel per Milliliter; kBq/L; Kilobecquerel per Liter	Bq/mL
Kilobecquerel per Microliter; GBq/L; Gigabecquerel per Liter; MBq/mL; Megabecquerel per Milliliter	kBq/uL
Megabecquerel per Microliter; GBq/mL; Gigabecquerel per Milliliter	MBq/uL
Curie per Liter; uCi/uL; Microcurie per Microliter	Ci/L
Curie per Microliter; Ci/mcL	Ci/uL
Millicurie per Liter; uCi/mL; Microcurie per Milliliter	mCi/L
Microgram per Kilogram per Minute; Gamma per Kilogram per Minute; gamma/kg/min; mcg/kg/min	ug/kg/min
mU/mL; Unit per Liter	U/L
Per Day	/day
Per Microliter	/uL
Every week; Per Week	/wk

Ehrlich Units	EU
Femtoliter	fL
Gram per Day	g/day
Gram per Kilogram per Day	g/kg/day
m ³ ; Standard Cubic Meter	scm
Milligram per Gram per Day	mg/g/day
Milliliter per Gram per Day; mL/g/day; uL/mg/day; L/day/kg; mL/day/g; uL/day/mg; L/kg/d	mL/g/day
Milliliter per Kilogram per Minute; uL/g/min; mL/min/kg; uL/min/g; mL/kg/min	mL/kg/min
Micro-International Unit per milliliter; mIU/L; mIU/mL; uIU/mL	uIU/mL
mL; Microliter; mm ³	uL
Cubic Micrometer	um ³
10 ⁶ /uL	10 ¹² /L
10 ³ /mL	10 ⁶ /L
10 ³ /uL; 10 ³ /mm ³	10 ⁹ /L

FRM	
Aerosol; aer	AEROSOL
Aerosol, Foam	AEROSOL, FOAM
Aerosol, Metered	AEROSOL, METERED
Aerosol, Powder	AEROSOL, POWDER
Aerosol, Spray	AEROSOL, SPRAY
Bar, Chewable	BAR, CHEWABLE
Bead	BEAD
Bead, Implant, Extended Release	BEAD, IMPLANT, EXTENDED RELEASE
Block	BLOCK
Caplet	CAPLET
Capsule; cap	CAPSULE
Capsule, Coated	CAPSULE, COATED
Capsule, Coated Pellets	CAPSULE, COATED PELLETS
Capsule, Coated, Extended Release	CAPSULE, COATED, EXTENDED RELEASE
Capsule, Delayed Release	CAPSULE, DELAYED RELEASE
Capsule, Delayed Release Pellets	CAPSULE, DELAYED RELEASE PELLETS
Capsule, Extended Release	CAPSULE, EXTENDED RELEASE
Capsule, Film Coated, Extended Release	CAPSULE, FILM COATED, EXTENDED RELEASE
Capsule, Gelatin Coated	CAPSULE, GELATIN COATED
Capsule, Liquid Filled	CAPSULE, LIQUID FILLED
Cement	CEMENT
Cigarette	CIGARETTE
Cloth	CLOTH
Concentrate	CONCENTRATE
Cone	CONE

Core, Extended Release	CORE, EXTENDED RELEASE
Cream	CREAM
Cream, Augmented	CREAM, AUGMENTED
Crystal	CRYSTAL
Culture	CULTURE
Diaphragm	DIAPHRAGM
Disc	DISC
Douche	DOUCHE
Dressing	DRESSING
Drug Delivery System	DRUG DELIVERY SYSTEM
Elixir	ELIXIR
Emulsion	EMULSION
Enema	ENEMA
Extract	EXTRACT
Fiber, Extended Release	FIBER, EXTENDED RELEASE
Film	FILM
Film, Extended Release	FILM, EXTENDED RELEASE
Film, Soluble	FILM, SOLUBLE
For Solution	FOR SOLUTION
For Suspension	FOR SUSPENSION
For Suspension, Extended Release	FOR SUSPENSION, EXTENDED RELEASE
Gas	GAS
Gel	GEL
Gel, Dentifrice	GEL, DENTIFRICE
Gel, Metered	GEL, METERED
Generator	GENERATOR
Globule	GLOBULE
Graft	GRAFT
Granule	GRANULE
Granule, Delayed Release	GRANULE, DELAYED RELEASE
Granule, Effervescent	GRANULE, EFFERVESCENT
Granule, For Solution	GRANULE, FOR SOLUTION
Granule, For Suspension	GRANULE, FOR SUSPENSION
Granule, For Suspension, Extended Release	GRANULE, FOR SUSPENSION, EXTENDED RELEASE
Gum	GUM
Gum, Chewing	GUM, CHEWING
Gum, Resin	GUM, RESIN
Implant	IMPLANT
Inhalant	INHALANT
Injectable, Liposomal	INJECTABLE, LIPOSOMAL

Injection	INJECTION
Injection, Emulsion	INJECTION, EMULSION
Injection, Lipid Complex	INJECTION, LIPID COMPLEX
Injection, Powder, For Solution	INJECTION, POWDER, FOR SOLUTION
Injection, Powder, For Suspension	INJECTION, POWDER, FOR SUSPENSION
Injection, Powder, For Suspension, Extended Release	INJECTION, POWDER, FOR SUSPENSION, EXTENDED RELEASE
Injection, Powder, Lyophilized, For Liposomal Suspension	INJECTION, POWDER, LYOPHILIZED, FOR LIPOSOMAL SUSPENSION
Injection, Powder, Lyophilized, For Solution	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION
Injection, Powder, Lyophilized, For Suspension	INJECTION, POWDER, LYOPHILIZED, FOR SUSPENSION
Injection, Powder, Lyophilized, For Suspension, Extended Release	INJECTION, POWDER, LYOPHILIZED, FOR SUSPENSION, EXTENDED RELEASE
Injection, Solution	INJECTION, SOLUTION
Injection, Solution, Concentrate	INJECTION, SOLUTION, CONCENTRATE
Injection, Suspension	INJECTION, SUSPENSION
Injection, Suspension, Extended Release	INJECTION, SUSPENSION, EXTENDED RELEASE
Injection, Suspension, Liposomal	INJECTION, SUSPENSION, LIPOSOMAL
Injection, Suspension, Sonicated	INJECTION, SUSPENSION, SONICATED
Insert	INSERT
Insert, Extended Release	INSERT, EXTENDED RELEASE
Intrauterine Device	INTRAUTERINE DEVICE
Irrigant	IRRIGANT
Jelly	JELLY
Kit	KIT
Liner, Dental	LINER, DENTAL
Liniment	LINIMENT
Lipstick	LIPSTICK
Liquid	LIQUID
Liquid, Extended Release	LIQUID, EXTENDED RELEASE
Lotion	LOTION
Lotion, Augmented	LOTION, AUGMENTED
Lotion/Shampoo	LOTION/SHAMPOO
Lozenge	LOZENGE
Mouthwash	MOUTHWASH
Not Applicable	NOT APPLICABLE
Oil	OIL
Ointment; oint	OINTMENT
Ointment, Augmented	OINTMENT, AUGMENTED
Packing	PACKING
Paste	PASTE

Paste, Dentifrice	PASTE, DENTIFRICE
Pastille	PASTILLE
Patch	PATCH
Patch, Extended Release	PATCH, EXTENDED RELEASE
Patch, Extended Release, Electrically Controlled	PATCH, EXTENDED RELEASE, ELECTRICALLY CONTROLLED
Pellet	PELLET
Pellet, Implantable	PELLET, IMPLANTABLE
Pellets, Coated, Extended Release	PELLETS, COATED, EXTENDED RELEASE
Pill	PILL
Plaster	PLASTER
Poultice	POULTICE
Powder	POWDER
Powder, Dentifrice	POWDER, DENTIFRICE
Powder, For Solution	POWDER, FOR SOLUTION
Powder, For Suspension	POWDER, FOR SUSPENSION
Powder, Metered	POWDER, METERED
Ring	RING
Rinse	RINSE
Salve	SALVE
Shampoo	SHAMPOO
Shampoo, Suspension	SHAMPOO, SUSPENSION
Soap	SOAP
Solution	SOLUTION
Solution, Concentrate	SOLUTION, CONCENTRATE
Solution, For Slush	SOLUTION, FOR SLUSH
Solution, Gel Forming / Drops	SOLUTION, GEL FORMING / DROPS
Solution, Gel Forming, Extended Release	SOLUTION, GEL FORMING, EXTENDED RELEASE
Solution/ Drops	SOLUTION/ DROPS
Sponge	SPONGE
Spray	SPRAY
Spray, Metered	SPRAY, METERED
Spray, Suspension	SPRAY, SUSPENSION
Stick	STICK
Strip	STRIP
Suppository; supp	SUPPOSITORY
Suppository, Extended Release	SUPPOSITORY, EXTENDED RELEASE
Suspension; susp	SUSPENSION
Suspension, Extended Release	SUSPENSION, EXTENDED RELEASE
Suspension/Drops	SUSPENSION/DROPS
Suture	SUTURE

Swab	SWAB
Syrup	SYRUP
Tablet; tab	TABLET
Tablet, Chewable	TABLET, CHEWABLE
Tablet, Coated	TABLET, COATED
Tablet, Coated Particles	TABLET, COATED PARTICLES
Tablet, Delayed Release	TABLET, DELAYED RELEASE
Tablet, Delayed Release Particles	TABLET, DELAYED RELEASE PARTICLES
Tablet, Effervescent	TABLET, EFFERVESCENT
Tablet, Extended Release	TABLET, EXTENDED RELEASE
Tablet, Film Coated	TABLET, FILM COATED
Tablet, Film Coated, Extended Release	TABLET, FILM COATED, EXTENDED RELEASE
Tablet, For Solution	TABLET, FOR SOLUTION
Tablet, For Suspension	TABLET, FOR SUSPENSION
Tablet, Multilayer	TABLET, MULTILAYER
Tablet, Multilayer, Extended Release	TABLET, MULTILAYER, EXTENDED RELEASE
Tablet, Orally Disintegrating	TABLET, ORALLY DISINTEGRATING
Tablet, Orally Disintegrating, Delayed Release	TABLET, ORALLY DISINTEGRATING, DELAYED RELEASE
Tablet, Soluble	TABLET, SOLUBLE
Tablet, Sugar Coated	TABLET, SUGAR COATED
Tampon	TAMPON
Tape	TAPE
Tincture	TINCTURE
Troche	TROCHE
Unassigned	UNASSIGNED
Wafer	WAFER

CMFREQ	
Daily (QD)	QD
Twice per day (BID)	BID
3 Times per day (TID)	TID
4 Times per day (QID)	QID
As needed (PRN)	PRN
Every week (QS)	EVERY WEEK
Every month (QM)	QM
Once	ONCE
Intermittent	INTERMITTENT
Other	OTHER

FREQ	
One Time Per Week	1 TIME PER WEEK

BIW; Twice per week	2 TIMES PER WEEK
2 Times Per Year	2 TIMES PER YEAR
3 Times Per Month	3 TIMES PER MONTH
TIS; Three times a week	3 TIMES PER WEEK
3 Times Per Year	3 TIMES PER YEAR
4 Times Per Month	4 TIMES PER MONTH
4 times per week; QIS	4 TIMES PER WEEK
4 Times Per Year	4 TIMES PER YEAR
Other	OTHER
5 Times Daily	5 TIMES PER DAY
5 Times Per Month	5 TIMES PER MONTH
5 Times Per Week	5 TIMES PER WEEK
5 Times Per Year	5 TIMES PER YEAR
6 Times Daily	6 TIMES PER DAY
6 Times Per Month	6 TIMES PER MONTH
6 Times Per Week	6 TIMES PER WEEK
6 Times Per Year	6 TIMES PER YEAR
7 Times Per Week	7 TIMES PER WEEK
Ad Libitum	AD LIBITUM
U; Unknown	UNKNOWN
BD; Twice per day	BID
Twice per month	BIM
Continuous	CONTINUOUS
Every 2 weeks; Q2S	EVERY 2 WEEKS
Every 3 weeks; Q3S	EVERY 3 WEEKS
Every 4 weeks; Q4S	EVERY 4 WEEKS
Every 5 weeks; Q5S	EVERY 5 WEEKS
Every 6 Weeks; Q6S	EVERY 6 WEEKS
Every 7 weeks; Q7S	EVERY 7 WEEKS
Every 8 weeks; Q8S	EVERY 8 WEEKS
Every week; Per Week; QS	EVERY WEEK
Intermittent	INTERMITTENT
Occasional	OCCASIONAL
Once	ONCE
/Year; Every Year; Per Annum; Per Year	PA
As needed	PRN
Every 10 hours	Q10H
Every 11 hours	Q11H
Every 12 hours	Q12H
Every 13 hours	Q13H

Every 14 hours	Q14H
Every 15 hours	Q15H
Every 16 hours	Q16H
Every 17 hours	Q17H
Every 18 hours	Q18H
Every 19 hours	Q19H
Every 20 hours	Q20H
Every 21 hours	Q21H
Every 22 hours	Q22H
Every 23 hours	Q23H
Twice per week; BIS	2 TIMES PER WEEK
Every 24 hours	Q24H
Every 2 hours	Q2H
Every two months	Q2M
Every 3 days	Q3D
Every 3 hours	Q3H
Every 3 months	Q3M
Every 4 days	Q4D
Every 4 hours	Q4H
Every 4 months	Q4M
Every 5 days	Q5D
Every 5 hours	Q5H
Every 6 hours	Q6H
Every 6 Months	Q6M
Every 7 hours	Q7H
Every 8 hours	Q8H
Every 9 hours	Q9H
Daily; Per Day	QD
Every hour	QH
4 times per day	QID
Every Month; Per Month	QM
Every other day	QOD
3 times per day	TID
Unknown	UNKNOWN
Three times a week; TIS	3 TIMES PER WEEK
Per Annum; Per Year; Every Year	PA

CMROUTE	
Oral	ORAL
Intravenous	INTRAVENOUS
Intramuscular	INTRAMUSCULAR

Subcutaneous	SUBCUTANEOUS
Topical	TOPICAL
Rectal	RECTAL
Nasal	NASAL
Transdermal	TRANSDERMAL
Respiratory (inhalation)	RESPIRATORY (INHALATION)
Sublingual	SUBLINGUAL
Intraluminal	INTRALUMINAL
Nasogastric	NASOGASTRIC
Ophthalmic	OPHTHALMIC
Other	OTHER

ROUTE	
Auricular (Otic)	AURICULAR (OTIC)
Buccal	BUCCAL
Conjunctival	CONJUNCTIVAL
Cutaneous	CUTANEOUS
Dental	DENTAL
Dietary	DIETARY
Electro-Osmosis	ELECTRO-OSMOSIS
Endocervical	ENDOCERVICAL
Endosinusial	ENDOSINUSIAL
Endotracheal	ENDOTRACHEAL
Enteral	ENTERAL
Epidural	EPIDURAL
Extra-Amniotic	EXTRA-AMNIOTIC
Extracorporeal	EXTRACORPOREAL
Hemodialysis	HEMODIALYSIS
Infiltration	INFILTRATION
Interstitial	INTERSTITIAL
Intra-Abdominal	INTRA-ABDOMINAL
Intra-Amniotic	INTRA-AMNIOTIC
Intra-Arterial	INTRA-ARTERIAL
Intra-Articular	INTRA-ARTICULAR
Intrabiliary	INTRABILIARY
Intrabronchial	INTRABRONCHIAL
Intrabursal	INTRABURSAL
Intracameral	INTRACAMERAL
Intracardiac	INTRACARDIAC
Intracartilaginous	INTRACARTILAGINOUS

Intracaudal	INTRACAUDAL
Intracavernous	INTRACAVERNOUS
Intracavitary	INTRACAVITARY
Intracerebral	INTRACEREBRAL
Intracisternal	INTRACISTERNAL
Intracorneal	INTRACORNEAL
Intracoronar, Dental	INTRACORONAL, DENTAL
Intracoronary	INTRACORONARY
Intracorporus Cavernosum	INTRACORPORUS CAVERNOSUM
Intradermal	INTRADERMAL
Intradiscal	INTRADISCAL
Intraductal	INTRADUCTAL
Intraduodenal	INTRADUODENAL
Intradural	INTRADURAL
Intraepidermal	INTRAEPIDERMAL
Intraesophageal	INTRAESOPHAGEAL
Intragastric	INTRAGASTRIC
Intragingival	INTRAGINGIVAL
Intrahepatic	INTRAHEPATIC
Intraileal	INTRAILEAL
Intrajejunal	INTRAJEJUNAL
Intralesional	INTRALESIONAL
Intraluminal	INTRALUMINAL
Intralymphatic	INTRALYMPHATIC
Intramedullary	INTRAMEDULLARY
Intrameningeal	INTRAMENINGEAL
Intramuscular	INTRAMUSCULAR
Intraocular	INTRAOCULAR
Intraovarian	INTRAOVARIAN
Intrapalatal	INTRAPALATAL
Intraparenchymal	INTRAPARENCHYMAL
Intrapericardial	INTRAPERICARDIAL
Intraperitoneal	INTRAPERITONEAL
Intrapleural	INTRAPLEURAL
Intraprostatic	INTRAPROSTATIC
Intrapulmonary	INTRAPULMONARY
Intrasinal	INTRASINAL
Intraspinal	INTRASPINAL
Intrastomal	INTRASTOMAL
Intrasynovial	INTRASYNOVIAL

Intratendinous	INTRATENDINOUS
Intratesticular	INTRATESTICULAR
Intrathecal	INTRATHECAL
Intrathoracic	INTRATHORACIC
Intratubular	INTRATUBULAR
Intratumor	INTRATUMOR
Intratympanic	INTRATYMPANIC
Intrauterine	INTRAUTERINE
Intravascular	INTRAVASCULAR
Intravenous	INTRAVENOUS
Intravenous Bolus	INTRAVENOUS BOLUS
Intravenous Drip	INTRAVENOUS DRIP
Intraventricular	INTRAVENTRICULAR
Intravesical	INTRAVESICAL
Intravitreal	INTRAVITREAL
Iontophoresis	IONTOPHORESIS
Irrigation	IRRIGATION
Laryngeal	LARYNGEAL
Nasal	NASAL
Nasogastric	NASOGASTRIC
Not Applicable	NOT APPLICABLE
Occlusive Dressing Technique	OCCLUSIVE DRESSING TECHNIQUE
Ophthalmic	OPHTHALMIC
Oral	ORAL
Oral Gavage	ORAL GAVAGE
Oromucosal	OROMUCOSAL
Oropharyngeal	OROPHARYNGEAL
Parenteral	PARENTERAL
Percutaneous	PERCUTANEOUS
Periarticular	PERIARTICULAR
Peridural	PERIDURAL
Perineural	PERINEURAL
Periodontal	PERIODONTAL
Perivenous	PERIVENOUS
Rectal	RECTAL
Respiratory (Inhalation)	RESPIRATORY (INHALATION)
Retrobulbar	RETROBULBAR
Soft Tissue	SOFT TISSUE
Subarachnoid	SUBARACHNOID
Subconjunctival	SUBCONJUNCTIVAL

Subcutaneous	SUBCUTANEOUS
Sublingual	SUBLINGUAL
Submucosal	SUBMUCOSAL
Subtenon	SUBTENON
Topical	TOPICAL
Transdermal	TRANSDERMAL
Transmammary	TRANSMAMMARY
Transmucosal	TRANSMUCOSAL
Transplacental	TRANSPLACENTAL
Transtracheal	TRANSTRACHEAL
Transtympanic	TRANSTYMPANIC
Unassigned	UNASSIGNED
Unknown	UNKNOWN
Ureteral	URETERAL
Urethral	URETHRAL
Vaginal	VAGINAL
OTHER	Other

NY	
No	N
Yes	Y

Phone Call

Date of Call	<div> <div></div> <div>MM/DD/YYYY</div> </div>	+
Was tobacco cessation information provided?	<div> <div></div> <div>No</div> <div></div> <div>Yes</div> </div>	+
Did Subject need to return to the clinic for a symptom driven physical exam?	<div> <div></div> <div>No</div> <div></div> <div>Yes</div> </div>	+

NY

No	N
Yes	Y

Subject Disposition		
Did the subject complete the study?	<input type="radio"/> No <input type="radio"/> Yes	
If No, reason for discontinuation	<input type="text"/>	
If Other, specify	<input type="text"/>	
Primary Adverse Event Term	<input type="text"/>	
If Non-compliance with Study Procedures, specify	<input type="text"/>	
If Physician Decision, specify	<input type="text"/>	
If Withdrawal by Subject, specify	<input type="text"/>	
Date of Completion or Discontinuation	<input type="text"/>	
MM/DD/YYYY		

NY	
No	N
Yes	Y

NCOMPLT	
Adverse Event	ADVERSE EVENT
Lost to Follow-up	LOST TO FOLLOW-UP
Non-Compliance with Study Procedures	NON-COMPLIANCE WITH STUDY PROCEDURES
Physician Decision	PHYSICIAN DECISION
Protocol Deviation	PROTOCOL DEVIATION
Study Terminated by Sponsor	STUDY TERMINATED BY SPONSOR
Withdrawal by Subject	WITHDRAWAL BY SUBJECT
Pregnancy	PREGNANCY
Screen Failure	SCREEN FAILURE
Completed	COMPLETED
Death	DEATH
Other	OTHER