

To be filled out by site staff.

Subject ID: \_\_\_\_\_ Study Week: \_\_\_\_\_



# STUDY DRUG DIARY FOR AT-HOME ADMINISTRATION

This study drug diary must be returned to the study site at every clinic visit.

To be filled out and signed by the individual administering the study drug at home (i.e. patient, caregiver, qualified home healthcare professional).

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Important Information

For guidance on how to administer the study drug, please see the *Instructions for Use* booklet provided to you.

Date of administration: \_\_\_\_\_ (MM-DD-YYYY)

Study drug kit numbers: \_\_\_\_\_

Time syringes were removed from refrigerator: \_\_\_\_\_ (HH:MM) AM / PM (circle one)

### Injection #1

Time injection #1 was administered:

\_\_\_\_\_ AM / PM  
(HH:MM) (circle one)

Where injection #1 was given:

- Left thigh
- Right thigh
- Left upper arm\*
- Right upper arm\*
- Stomach (abdomen)

- Quadrant 1
- Quadrant 3
- Quadrant 2
- Quadrant 4

Was the full 1.0 mL dose injected?

YES / NO (circle one)

If NO, list approximately how much was injected (for example, 1/2) and explain why: \_\_\_\_\_

### Injection #2

Time injection #2 was administered:

\_\_\_\_\_ AM / PM  
(HH:MM) (circle one)

Where injection #2 was given:

- Left thigh
- Right thigh
- Left upper arm\*
- Right upper arm\*
- Stomach (abdomen)

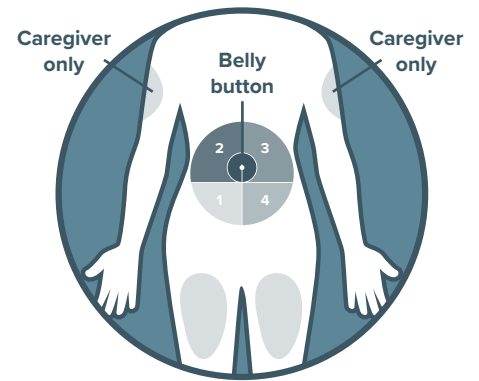
- Quadrant 1
- Quadrant 3
- Quadrant 2
- Quadrant 4

Was the full 1.0 mL dose injected?

YES / NO (circle one)

If NO, list approximately how much was injected (for example, 1/2) and explain why: \_\_\_\_\_

### Injection Sites



\*Caregiver only. Do not try to inject yourself in the arm.

Please follow the instructions provided to you regarding what to do with used and unused study drug syringes, cartons, and needles.