

RANDOMIZATION AND INITIAL TREATMENT FORM

ID. No.: subjid _ _ _ _ Alpha Code: alpha_code

NOTE: To be completed by the study team after the subject has been randomized and received the initial drop(s) of study medication prior to surgery.

1. Which eye(s) are eligible for the study? **rteyes**

Right eye only ☐₀ Left eye only ☐₁ Both eyes ☐₂

2. Was the subject randomized? **rtrand**

No ☐₀ →

2a. If the subject was **Not randomized**, specify reason and skip to questions # 8 and # 9:

rtrandsp

Yes ☐₁ →

If randomized, enter:

2b. Date of Randomization: _ _ / _ _ / _ _
rtranddt Day Month Year

2c. Medication kit number: _ _ _ - _ _
rkitnum

2d. Medication kit dispensed by:

Name: _____

Certification #: _ _ _ _

3. Was the subject instructed on the proper use of the study medication? **rtmed**

☐₀ No

☐₁ Yes

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4. Did the subject practice instilling the **rteyedrops** assigned eyedrops?

☐₀ No →

4a. If No, explain why the subject did not practice: **rtnoeyedrops**

☐₁ Yes

5. Was a drop of the study medication administered in the eligible eyes prior to TT surgery? **rtdrop**

☐₀ No →

5a. If No, explain why drop was not administered: **rtnodrop**

☐₁ Yes →

5b. Check eye(s) that received a drop of study medication prior to surgery: **rtropseyes**

Right eye only ☐₀

Left eye only ☐₁

Both eyes ☐₂

6. Did the subject experience any adverse events from the study medication? **rtaeyn**

☐₀ No

☐₁ Yes →

Enter on the Adverse Event Log

7. Weight of medication bottle after practice and initial drop(s) **rtmedweight** instillation: ____ . ____ g

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ID. No.: ____ - ____ Alpha Code: ____

8. Name & certification number of
person completing form

a. Print Name: _____

b. Certification #: ____

9. Date form completed:

____ / ____ / ____
Day Month Year

Data entry complete date: ____ / ____ / ____

Data entered by initials: ____