

**APPENDIX 3**

Study site: Bao Loc Hospital, Vietnam  
 Ward: \_\_\_\_\_

Study code: PK-MQ/DHA+MQ  
 Patient code: \_\_\_\_\_  
 Patient initials: \_\_\_\_\_

**PHARMACOKINETICS OF MEFLOQUINE  
 CASE REPORT FORM  
 (Uncomplicated falciparum malaria)**

**Patient details**

Patient initials \_\_\_\_\_ Gender: Male  Female  Age (years): \_\_\_\_\_  
 Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_  
 Province \_\_\_\_\_ District \_\_\_\_\_ Village \_\_\_\_\_  
 Admission date (d/m/y) \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date (d/m/y) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Diagnosis**

Uncomplicated falciparum malaria Initial parasitemia count (/µl): \_\_\_\_\_

**Treatment**

DHA+MQ-6h

DHA+MQ-24h

**MEFLOQUINE PHARMACOKINETIC STUDY**

Date _/_/___	Time for 24 h	Schedule time (h)	Blood sample	Blood pressure (mmHg)	Pulse rate (beats/min)	Body temp. (°C)	Resp. rate (times/ min)	Parasite count (µl)
___/___/___	_____	0 h (d0)	<input type="checkbox"/>	_____	_____	_____	_____	_____
___/___/___	_____	1 h	<input type="checkbox"/>	_____	_____	_____	_____	_____
___/___/___	_____	2 h	<input type="checkbox"/>	_____	_____	_____	_____	_____
___/___/___	_____	4 h	<input type="checkbox"/>	_____	_____	_____	_____	_____
___/___/___	_____	6 h	<input type="checkbox"/>	_____	_____	_____	_____	_____
___/___/___	_____	12 h	<input type="checkbox"/>	_____	_____	_____	_____	_____
___/___/___	_____	18 h	<input type="checkbox"/>	_____	_____	_____	_____	_____
___/___/___	_____	24 h (d1)	<input type="checkbox"/>	_____	_____	_____	_____	_____
___/___/___	_____	48 h (d2)	<input type="checkbox"/>	_____	_____	_____	_____	_____
___/___/___	_____	72 h (d3)	<input type="checkbox"/>	_____	_____	_____	_____	_____
___/___/___	_____	96 h (d4)	<input type="checkbox"/>	_____	_____	_____	_____	_____
___/___/___	_____	168 h (d7)	<input type="checkbox"/>	_____	_____	_____	_____	_____
___/___/___	_____	d14	<input type="checkbox"/>	_____	_____	_____	_____	_____
___/___/___	_____	d21	<input type="checkbox"/>	_____	_____	_____	_____	_____
___/___/___	_____	d28	<input type="checkbox"/>	_____	_____	_____	_____	_____
___/___/___	_____	d35	<input type="checkbox"/>	_____	_____	_____	_____	_____
___/___/___	_____	d42	<input type="checkbox"/>	_____	_____	_____	_____	_____

WB: whole blood: 3ml venous blood for each sample.

Tick off (✓) in the cells corresponding to the blood samples.

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_ Investigator: .....