

APPENDIX 7

Study site: Bao Loc Hospital, Vietnam
Ward: _____

Study code: PK-DHA-5d
Patient code: _____
Patient initials: _____

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

Patient details:

Initials: _____ Gender: Male Female
Age (yrs): _____ Weight (kg): _____ Height (cm): _____
Province: _____ District: _____ Village: _____
Admission date (d/m/y): ____/____/____ Discharge date (d/m/y) : ____/____/____

Diagnosis :

Uncomplicated falciparum malaria Initial parasitemia count (/µl): _____

Treatment: 5 day-DHA regimen

D0: 300 mg DHA

Date (d/m/y)	Time for 24 h	Schedule time (h)	Plasma sample No.	Blood pressure (mmHg)	Body temp. (°C)	Blood smear	Biochemistry test	ECG
___/___/___		0 h	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___/___/___		1 h	2 <input type="checkbox"/>					
___/___/___		1.5 h	3 <input type="checkbox"/>					
___/___/___		2 h	4 <input type="checkbox"/>					
___/___/___		3 h	5 <input type="checkbox"/>					
___/___/___		4 h	6 <input type="checkbox"/>					
___/___/___		6 h	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
___/___/___		8 h	8 <input type="checkbox"/>					
___/___/___		12 h	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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

Date: ____/____/____ Investigator:

D1: 300 mg DHA

Date (d/m/y)	Time for 24 h	Schedule time (h)	Plasma sample No.	Blood pressure (mmHg)	Body temp. (°C)	Blood smear	Biochemistry test	ECG
___/___/___		0 h	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
___/___/___		1 h	2 <input type="checkbox"/>					
___/___/___		2 h	3 <input type="checkbox"/>					
___/___/___		6 h	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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

Date: ____/____/____ Investigator:

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D2: 100 mg DHA

Date (d/m/y)	Time for 24 h	Schedule time (h)	Plasma sample No.	Blood pressure (mmHg)	Body temp. (°C)	Blood smear	Biochemistry test	ECG
___/___/___		0 h	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
___/___/___		1 h	2 <input type="checkbox"/>					
___/___/___		2 h	3 <input type="checkbox"/>					
___/___/___		6 h	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Tick off (√) in the cells corresponding to the plasma samples.

Date: ___/___/___

Investigator:

D3: 100 mg DHA

Date (d/m/y)	Time for 24 h	Schedule time (h)	Plasma sample No.	Blood pressure (mmHg)	Body temp. (°C)	Blood smear	Biochemistry test	ECG
___/___/___		0 h	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
___/___/___		1 h	2 <input type="checkbox"/>					
___/___/___		2 h	3 <input type="checkbox"/>					
___/___/___		6 h	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Tick off (√) in the cells corresponding to the plasma samples.

Date: ___/___/___

Investigator:

D4: 100 mg DHA

Date (d/m/y)	Time for 24 h	Schedule time (h)	Plasma sample No.	Blood pressure (mmHg)	Body temp. (°C)	Blood smear	Biochemistry test	ECG
___/___/___		0 h	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___/___/___		1 h	2 <input type="checkbox"/>					
___/___/___		1.5 h	3 <input type="checkbox"/>					
___/___/___		2 h	4 <input type="checkbox"/>					
___/___/___		3 h	5 <input type="checkbox"/>					
___/___/___		4 h	6 <input type="checkbox"/>					
___/___/___		6 h	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
___/___/___		8 h	8 <input type="checkbox"/>					
___/___/___		12 h	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Tick off (√) in the cells corresponding to the plasma samples.

Date: ___/___/___

Investigator: