

CRF Report for Study E7694105

Report run by Brian Saari at 05-MAR-2013 11:42:46

Report Parameters

Site: P3880_0342

Discrepancy status choice: All statuses

Approval status choice: All statuses

Verification status choice: All statuses

Starting patient: R4084

Ending patient: R4084

Legend: How different values appear in the report

Prompt	Abc 123
Data value	Abc 123
Data value with discrepancy	Abc 123

All time stamps displayed in this report are in the timezone of the database server.

The data contained in this report is current at the time of printing (time as shown above)

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

RDC CASE REPORT FORM

Information Correct Yes No

Protocol Number SM 08-01 Investigator Name:
Study Site:

A CONTROLLED STUDY OF THE ABILITY OF A TRADITIONAL SWEDISH SMOKELESS TOBACCO
PRODUCT ("SNUS") TO INCREASE THE QUIT RATE AMONG CIGARETTE SMOKERS
WHO WISH TO STOP SMOKING

Protocol No. SM 08-01
Covance Study No. 7694-105

for

SWEDISH MATCH AB
ROSENLUNDSGATAN 36
SE-118 85 STOCKHOLM
SWEDEN

by

Covance Clinical Research Unit Inc.
3402 Kinsman Blvd
Madison, Wisconsin 53704

Verified Approved Locked Frozen

Page Version No. PAGE_01 (v1, 27-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Inclusion Criteria

Subjects who meet the following criteria may be included in the study. Did the subject meet the following criteria requirements for inclusion? (check Yes or No)

- | | Yes/No* |
|---|------------------------------|
| <input type="checkbox"/> 01 The subject is male or female, between 25 and 65 years of age, inclusive. If female, the subject has a negative urine pregnancy test and is not lactating, or has not been of childbearing potential for at least 3 months prior to use of study product. To be considered to be not of childbearing potential, the subject must be postmenopausal for at least 2 years; have had a hysterectomy or bilateral tubal ligation, or be proven to be otherwise incapable of pregnancy. If of childbearing potential, the subject must have been practicing one of the following methods of contraception consistently for at least 1 month prior to study entry and agree to continue practicing it during the study: hormonal contraceptives, intrauterine device, spermicide and barrier, spouse/partner sterility; or is practicing abstinence and agrees to continue abstinence or to start an acceptable method of contraception from the above list if sexual activity commences. | <input type="checkbox"/> YES |
| <input type="checkbox"/> 02 The subject smokes > 9 cigarettes per day (average daily consumption during past month). | <input type="checkbox"/> YES |
| <input type="checkbox"/> 03 The subject has smoked daily for >1 year. | <input type="checkbox"/> YES |
| <input type="checkbox"/> 04 The subject is motivated to quit smoking with the help of a smokeless tobacco alternative. | <input type="checkbox"/> YES |
| <input type="checkbox"/> 05 The subject is in good general health as evidenced by medical history, physical examination, routine blood chemistry (Hb, total WBC, transaminases, creatinine, electrolytes), and an ECG | <input type="checkbox"/> YES |
| <input type="checkbox"/> 06 The subject practices, by self-report, good oral hygiene (including brushing teeth at least twice per day and having regular dental check-ups). | <input type="checkbox"/> YES |
| <input type="checkbox"/> 07 The subject is able and willing to provide written informed consent. | <input type="checkbox"/> YES |
| <input type="checkbox"/> 08 The subject agrees to comply with the requirements of the protocol and complete study measures. | <input type="checkbox"/> YES |
| <input type="checkbox"/> 09 The subject has stable residence and telephone. | <input type="checkbox"/> YES |

* If No, document on Subject Eligibility Page.

Verified Approved Locked Frozen

Page Version No. PAGE_02 (v1, 27-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Exclusion Criteria

The following will exclude potential subjects from the study. Does the subject have any of the following? (Check Yes or No)

	Yes*/No
<input type="checkbox"/> 01 The subject is a current user of ST (defined as daily usage during more than 1 week within past 6 months) or is unable to refrain from NRT or any other non-protocol treatment during the study. Use of pipes, cigars, cigarillos, snuff, and chewing tobacco is also prohibited during the study.	<input type="text" value="NO"/>
<input type="checkbox"/> 02 The subject is a female who is pregnant or lactating.	<input type="text" value="NO"/>
<input type="checkbox"/> 03 The subject has oral conditions that could potentially be made worse by the use of study product, for instance, exposed dental services in the upper sulcus.	<input type="text" value="NO"/>
<input type="checkbox"/> 04 The subject has used any type of pharmaceutical (including some psychotropics, e.g., wellbutrin) or other products for smoking cessation within the past 3 months.	<input type="text" value="NO"/>
<input type="checkbox"/> 05 The subject has a history of clinically significant renal, hepatic, neurological, or chronic pulmonary disease that in the judgement of the investigator precludes participation.	<input type="text" value="NO"/>
<input type="checkbox"/> 06 The subject has a history of cardiovascular disease, including myocardial infarction within the last 3 months, significant cardiac arrhythmias, or poorly controlled hypertension (defined as a diastolic pressure of more than 90 mm Hg or a systolic pressure of more than 140 mm Hg) that in the judgment or the investigator precludes participation.	<input type="text" value="NO"/>
<input type="checkbox"/> 07 The subject has a history of alcohol or substance abuse or dependence other than cigarette smoking within the past year	<input type="text" value="NO"/>
<input type="checkbox"/> 08 Use of any illicit drug or smoked marijuana in the last 3 months	<input type="text" value="NO"/>
<input type="checkbox"/> 09 The subject is unwilling to be randomized into active or placebo conditions, or be available for follow-up assessments.	<input type="text" value="NO"/>
<input type="checkbox"/> 10 The subject resides in a household where another member is currently participating in the study.	<input type="text" value="NO"/>

* If Yes, document on Subject Eligibility Page.

Verified Approved Locked Frozen

Page Version No. PAGE_03 (v1, 27-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Information Session

Date of Information Session: Did the subject attend the Information Session? Yes No (explain, if No) Comments

Subject Eligibility

Date the Subject Signed the Informed Consent Form:

Did the subject meet all of the inclusion/exclusion criteria? Yes No

If the subject did not meet all of the Inclusion/Exclusion criteria, provide criterion number and explanation below.

Inclusion/Category	Exclusion No.	Explanation	Exemption Granted?	If Yes, Date Granted?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Verified Approved Locked Frozen

Page Version No. PAGE_04 (v1, 24-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Demographics

Date	Date of Birth	Gender	Ethnicity
<input type="text" value="12-JUN-2009"/>	<input type="text" value="(b) (6)"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic or Latino
		<input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Not Hispanic or latino
Race			
<input checked="" type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian/Alaskan Native		
<input type="checkbox"/> Asian	<input type="checkbox"/> Other		<input type="text"/>

Body Measurements

Were Body Measurements Collected? Yes No

Date

Parameter	Unit	Result
Height	<input type="text" value="IN"/>	<input type="text" value="65.5"/>

Verified Approved Locked Frozen

Page Version No. PAGE_05 (v1, 24-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Vital Signs

Were vital signs collected? Yes No Date Actual Time Was Subject seated for 5 minutes? Yes No

Parameter	Unit	Result
Systolic Blood Pressure	MMHG	127
Diastolic Blood Pressure	MMHG	87
Heart Rate	BEATS/MINUTE	85
Respiratory Rate	BREATHS/MINUTE	18
Body Temperature	C	36.9
Weight	LB	223.6

Verified Approved Locked Frozen

Page Version No. PAGE_06 (v1, 27-MAR-2009)

Document Number

Links to Discrepancy and Audit Sections

[Click here to navigate to discrepancy details for this CRF](#)

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Laboratory Evaluations

Date

Were the scheduled laboratory samples obtained?

Yes

No (Specify samples not done, reason):

Evaluations: Safety Urine & Blood Tests; Biomarker Blood Tests

Requisition Number 1:

Requisition Number 2 (if applicable):

Requisition Number 3 (if applicable):

Were there any clinically significant labs? Yes (specify below) No

Requisition Number	Test Name	Test Code ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Attach copy of signed laboratory report.

Urine Pregnancy Test

Result

Positive Negative N/A, Male or Woman of Non-childbearing Potential

Urine Drug Screen

Drug Screen Result*

Positive Negative

*If result derived from test performed by a clinical laboratory, attach copy of signed laboratory report to the CRF.

Verified Approved Locked Frozen

Page Version No. PAGE_07 (v1, 24-MAR-2009)

Document Number

Links to Discrepancy and Audit Sections

[Click here to navigate to audit history for this CRF](#)

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

12-Lead Electrocardiogram Report

Was ECG Performed?	Was Subject Supine at	Date	Actual Time
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Least 5 Minutes?	<input type="text" value="12-JUN-2009"/>	<input type="text" value="11:34"/>
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

ECG Interpretation

Normal Abnormal, NCS Abnormal, CS

Comments Regarding CS Findings:

Verified Approved Locked Frozen

Page Version No. PAGE_08 (v1, 24-MAR-2009)

Document Number

Links to Discrepancy and Audit Sections

[Click here to navigate to audit history for this CRF](#)

[Click here to navigate to discrepancy details for this CRF](#)

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Medical History

Date

Does the subject have any relevant medical history? Yes No

Sequence

Sequence No.	Diagnosis/Procedure	Date of Onset	Date of Resolution	
1	PLANTAR FASCIITIS	00-00-2007		<input checked="" type="checkbox"/> Ongoing
				<input type="checkbox"/> Ongoing
				<input type="checkbox"/> Ongoing
				<input type="checkbox"/> Ongoing
				<input type="checkbox"/> Ongoing
				<input type="checkbox"/> Ongoing
				<input type="checkbox"/> Ongoing
				<input type="checkbox"/> Ongoing
				<input type="checkbox"/> Ongoing
				<input type="checkbox"/> Ongoing
				<input type="checkbox"/> Ongoing
				<input type="checkbox"/> Ongoing
				<input type="checkbox"/> Ongoing
				<input type="checkbox"/> Ongoing

Consider the following systems when performing the assessment:

- * Skin
- * Ears, Eyes, Nose, Throat (EENT)
- * Breasts
- * Respiratory
- * Cardiovascular
- * Lymphatic/Hematologic
- * Gastrointestinal
- * Genitourinary
- * Musculoskeletal
- * Endocrine
- * Neurological
- * Immunological
- * Psychological
- * Allergies

Verified Approved Locked Frozen

Page Version No. PAGE_09 (v1, 24-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Smoking History

Was Smoking History collected?

Yes No

Date

Parameter	Result	Comments
Age subject began smoking daily	<input type="text" value="9"/>	
Average number of cigarettes smoked per day over the past year	<input type="text" value="20"/>	
Has subject used smokeless tobacco in the past?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Has the subject attempted to quit with the use of Nicotine Replacement Therapy (NRT)? List details of NRT products used in COMMENTS section.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? <input type="text" value="1"/>	NICOTINE PATCH
Has the subject attempted to quit with the use of Pharmaceuticals other than NRTs? List details of other pharmaceuticals used in the COMMENTS section.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many times? <input type="text"/>	
Has the subject attempted to quit with the use of other smoking cessation aids? List details of other smoking cessation aids used in the COMMENTS section.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many times? <input type="text"/>	
Has the subject made any other attempts to quit smoking? List details of other quit attempts in the COMMENTS section.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? <input type="text" value="1"/>	COLD TURKEY

Verified Approved Locked Frozen

Page Version No. PAGE_10 (v1, 27-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Oral Health Examination

Date	Procedure	Findings*	Findings
12-JUN-2009	EVIDENCE OF LEUKOPLAKIA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NE	
12-JUN-2009	EXPOSED DENTAL CERVICES IN UPPER SULCUS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NE	
12-JUN-2009	OTHER ORAL KERATOSIS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NE	

* Indicate NE if system was not examined.

Verified Approved Locked Frozen

Page Version No. PAGE_11 (v1, 24-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Behavioral Counseling

Date	Parameter	Result	Comments
12-JUN-2009	WAS BEHAVIORAL COUNSELING GIVEN?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
12-JUN-2009	WAS "CLEANING THE AIR" BOOKLET PROVIDED?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Verified Approved Locked Frozen

Page Version No. PAGE_13 (v1, 25-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Expired Carbon Monoxide

Date	Actual Time	ECO Level ppm	%COHb	Comments
01-JUL-2009	11:46	15	3.0	

Behavioral Counseling

Date	Parameter	Result	Comments
01-JUL-2009	WAS BEHAVIORAL COUNSELING GIVEN?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Questionnaires

Date

Questionnaire	Was Questionnaire Administered?
FTND	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
MNWS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Verified Approved Locked Frozen

Page Version No. PAGE_14 (v1, 31-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Randomization

Date Actual Time
Was Subject randomized? Yes No

Product Dispensation

Date

Product	Amount Dispensed
0.5 g of snus or matching placebo	<input type="text" value="5"/> logs
1.0 g of snus or matching placebo	<input type="text" value="3"/> logs

Diary Distribution

Date Did subject receive diary and usage instructions?
 Yes No

Verified Approved Locked Frozen

Page Version No. PAGE_15 (v1, 27-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Subject Number

Covance Study Number: 7694-105

Subject Initials

Visit Name

Is Blank

Status Review

Date	Scheduled Timepoint	Parameter	Result	Comments
<input type="text" value="08-JUL-2009"/>	<input type="text" value="WEEK 1"/>	Was Subject contacted by telephone?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
		Was Subject's smoking status reviewed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
		Was Subject's use of study product reviewed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
		Approximately how many cigarettes did the subject smoke that week?	<input type="text" value="105"/>	<input type="text"/>
		Was Behavioral Counseling Given?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Date	Scheduled Timepoint	Parameter	Result	Comments
<input type="text" value="14-JUL-2009"/>	<input type="text" value="WEEK 2"/>	Was Subject contacted by telephone?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
		Was Subject's smoking status reviewed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
		Was Subject's use of study product reviewed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
		Approximately how many cigarettes did the subject smoke that week?	<input type="text" value="105"/>	<input type="text"/>
		Was Behavioral Counseling Given?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Date	Scheduled Timepoint	Parameter	Result	Comments
<input type="text" value="24-JUL-2009"/>	<input type="text" value="WEEK 3"/>	Was Subject contacted by telephone?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
		Was Subject's smoking status reviewed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
		Was Subject's use of study product reviewed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
		Approximately how many cigarettes did the subject smoke that week?	<input type="text" value="119"/>	<input type="text"/>
		Was Behavioral Counseling Given?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Verified Approved Locked Frozen

Page Version No. PAGE_16 (v1, 14-APR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Date Scheduled Timepoint

Parameter

Result

Comments

Was Subject contacted by telephone?

Yes No

Was Subject's smoking status reviewed?

Yes No

Was Subject's use of study product reviewed?

Yes No

Approximately how many cigarettes did the subject smoke that week?

Was Behavioral Counseling Given?

Yes No

Was Subject reminded about the complete switch from cigarettes no later than the first day of Week 5?

Yes No

Verified Approved Locked Frozen

Page Version No. PAGE_16 (v1, 14-APR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Vital Signs

Were vital signs collected? Yes No Date Actual Time Was Subject seated for 5 minutes? Yes No

Parameter	Unit	Result
Systolic Blood Pressure	MMHG	107
Diastolic Blood Pressure	MMHG	66
Heart Rate	BEATS/MINUTE	97
Respiratory Rate	BREATHS/MINUTE	16
Body Temperature	C	36.7
Weight	LB	218.4

Verified Approved Locked Frozen

Page Version No. PAGE_17 (v1, 30-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Laboratory Evaluations

Date

Were the scheduled laboratory samples obtained?

Yes

No (Specify samples not done, reason):

Evaluations: Biomarker Blood Tests

Requisition Number 1:

Requisition Number 2 (if applicable):

Requisition Number 3 (if applicable):

Were there any clinically significant labs? Yes (specify below) No

Requisition Number	Test Name	Test Code ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Attach copy of signed laboratory report.

Verified Approved Locked Frozen

Page Version No. PAGE_18 (v1, 25-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Expired Carbon Monoxide

Date	Actual Time	ECO Level ppm	%COHb	Comments
17-AUG-2009	11:45	27	4.9	

Behavioral Counseling

Date	Parameter	Result	Comments
17-AUG-2009	WAS BEHAVIORAL COUNSELING GIVEN?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Questionnaires

Date

Questionnaire Was Questionnaire Administered?
MNWS Yes No

Verified Approved Locked Frozen

Page Version No. PAGE_19 (v1, 31-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Product Dispensation

Date

Product	Amount Dispensed
0.5 g of snus or matching placebo	<input type="text" value="0"/> logs
1.0 g of snus or matching placebo	<input type="text" value="3"/> logs

Status Review

Date	Parameter	Result	Comments
<input type="text" value="17-AUG-2009"/>	Was Subject's smoking status reviewed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	Was Subject compliant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="text"/>
	If Subject was not compliant, approximately how many cigarettes did the subject smoke that week?	<input type="text" value="84"/>	<input type="text"/>
	Was Subject asked HDYF? question?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Diary Distribution

Date	Did subject receive diary and usage instructions?
<input type="text" value="17-AUG-2009"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Verified Approved Locked Frozen

Page Version No. PAGE_20 (v1, 24-APR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Status Review

Date	Parameter	Result	Comments
<input type="text"/>	Was Subject contacted by telephone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	Was Subject's smoking status reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	Was Subject's use of study product reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	Was Subject compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	If Subject was not compliant, approximately how many cigarettes did the subject smoke that week?	<input type="text"/>	<input type="text"/>
	Was Behavioral Counseling Given?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	Was Subject asked HDYF? question?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Verified Approved Locked Frozen

Page Version No. PAGE_21 (v1, 25-MAR-2009)

Document Number

Links to Discrepancy and Audit Sections

[Click here to navigate to audit history for this CRF](#)

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Vital Signs

Were vital signs collected? Yes No Date Actual Time Was Subject seated for 5 minutes? Yes No

Parameter	Unit	Result
Systolic Blood Pressure		
Diastolic Blood Pressure		
Heart Rate		
Respiratory Rate		
Body Temperature		
Weight		

Verified Approved Locked Frozen

Page Version No. PAGE_22 (v1, 27-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Expired Carbon Monoxide

Date	Actual Time	ECO Level ppm	%COHb	Comments
<input type="text"/>				

Behavioral Counseling

Date	Parameter	Result	Comments
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Questionnaires

Date

Questionnaire Was Questionnaire Administered?
MNWS Yes No

Verified Approved Locked Frozen

Page Version No. PAGE_23 (v1, 31-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Product Dispensation

Date

Product	Amount Dispensed
0.5 g of snus or matching placebo	<input type="text"/> logs
1.0 g of snus or matching placebo	<input type="text"/> logs

Status Review

Date	Parameter	Result	Comments
<input type="text"/>	Was Subject's smoking status reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	Was Subject's use of study product reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	Was Subject compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	If Subject was not compliant, approximately how many cigarettes did the subject smoke that week?	<input type="text"/>	<input type="text"/>
	Was Subject asked HDYF? question?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Diary Distribution

Date Did subject receive diary and usage instructions?
 Yes No

Verified Approved Locked Frozen

Page Version No. PAGE_24 (v1, 27-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Status Review

Date	Parameter	Result	Comments
<input type="text"/>	Was Subject contacted by telephone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	Was Subject's smoking status reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	Was Subject's use of study product reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	Was Subject compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	If Subject was not compliant, approximately how many cigarettes did the subject smoke that week?	<input type="text"/>	<input type="text"/>
	Was Behavioral Counseling Given?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	Was Subject asked HDYF? question?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	Was Subject instructed to cut down on product use during upcoming Weeks 14-16 to avoid a too abrupt ending of nicotine uptake?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Verified Approved Locked Frozen

Page Version No. PAGE_25 (v1, 27-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Vital Signs

Were vital signs collected? Yes No Date Actual Time Was Subject seated for 5 minutes? Yes No

Parameter	Unit	Result
Systolic Blood Pressure		
Diastolic Blood Pressure		
Heart Rate		
Respiratory Rate		
Body Temperature		
Weight		

Verified Approved Locked Frozen

Page Version No. PAGE_26 (v1, 27-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Laboratory Evaluations

Date

Were the scheduled laboratory samples obtained?

Yes

No (Specify samples not done, reason):

Evaluations: Biomarker Blood Tests

Requisition Number 1:

Requisition Number 2 (if applicable):

Requisition Number 3 (if applicable):

Were there any clinically significant labs? Yes (specify below) No

Requisition Number	Test Name	Test Code ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Attach copy of signed laboratory report.

Verified Approved Locked Frozen

Page Version No. PAGE_27 (v1, 25-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Oral Health Examination

Date	Procedure	Findings*	Findings
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NE	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NE	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NE	<input type="text"/>

* Indicate NE if system was not examined.

Verified Approved Locked Frozen

Page Version No. PAGE_28 (v1, 25-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Expired Carbon Monoxide

Date	Actual Time	ECO Level ppm	%COHb	Comments
<input type="text"/>				

Behavioral Counseling

Date	Parameter	Result	Comments
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Questionnaires

Date

Questionnaire	Was Questionnaire Administered?
FTND	<input type="checkbox"/> Yes <input type="checkbox"/> No
MNWS	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verified Approved Locked Frozen

Page Version No. PAGE_30 (v1, 31-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Status Review

Date	Parameter	Result	Comments
<input type="text"/>	Was Subject's smoking status reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	Was Subject's use of study product reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	Was Subject compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	If Subject was not compliant, approximately how many cigarettes did the subject smoke that week?	<input type="text"/>	<input type="text"/>
	Was Subject asked HDYF? question?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Diary Distribution

Date Did subject receive diary and usage instructions?
 Yes No

Verified Approved Locked Frozen

Page Version No. PAGE_31 (v1, 12-MAY-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Status Review

Date Scheduled Timepoint

Parameter	Result	Comments
Was Subject contacted by telephone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Was Subject's smoking status reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Was Subject compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
If Subject was not compliant, approximately how many cigarettes did the subject smoke that week?	<input type="text"/>	<input type="text"/>
Was Behavioral Counseling Given?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Was Subject asked HDYF? question?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Date Scheduled Timepoint

Parameter	Result	Comments
Was Subject contacted by telephone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Was Subject's smoking status reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Was Subject compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
If Subject was not compliant, approximately how many cigarettes did the subject smoke that week?	<input type="text"/>	<input type="text"/>
Was Behavioral Counseling Given?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Was Subject asked HDYF? question?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Verified Approved Locked Frozen

Page Version No. PAGE_32 (v1, 27-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Vital Signs

Were vital signs collected? Yes No Date Actual Time Was Subject seated for 5 minutes? Yes No

Parameter	Unit	Result
Systolic Blood Pressure		
Diastolic Blood Pressure		
Heart Rate		
Respiratory Rate		
Body Temperature		
Weight		

Verified Approved Locked Frozen

Page Version No. PAGE_33 (v1, 27-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Laboratory Evaluations

Date

Were the scheduled laboratory samples obtained?

Yes

No (Specify samples not done, reason):

Evaluations: Biomarker Blood Tests

Requisition Number 1:

Requisition Number 2 (if applicable):

Requisition Number 3 (if applicable):

Were there any clinically significant labs? Yes (specify below) No

Requisition Number	Test Name	Test Code ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Attach copy of signed laboratory report.

Verified Approved Locked Frozen

Page Version No. PAGE_34 (v1, 25-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Oral Health Examination

Date	Procedure	Findings*	Findings
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NE	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NE	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NE	<input type="text"/>

* Indicate NE if system was not examined.

Verified Approved Locked Frozen

Page Version No. PAGE_35 (v1, 25-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Expired Carbon Monoxide

Date	Actual Time	ECO Level ppm	%COHb	Comments
<input type="text"/>				

Behavioral Counseling

Date	Parameter	Result	Comments
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Questionnaires

Date

Questionnaire	Was Questionnaire Administered?
FTND	<input type="checkbox"/> Yes <input type="checkbox"/> No
MNWS	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verified Approved Locked Frozen

Page Version No. PAGE_37 (v1, 31-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Status Review

Date	Parameter	Result	Comments
<input type="text"/>	Was Subject's smoking status reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	Was Subject compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	If Subject was not compliant, approximately how many cigarettes did the subject smoke that week?	<input type="text"/>	<input type="text"/>
	Was Subject asked HDYF? question?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Verified Approved Locked Frozen

Page Version No. PAGE_38 (v1, 27-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Previous and Concomitant Medications

Has the subject taken any medications prior to the first dose and/or during the study as restricted by the protocol?

Yes, list below. No

Drug Name:

Indication:

Dose:

Unit: Select only one

- grams
- micrograms
- milligrams
- milliliter
- tablet
- other, specify

Frequency Select only one

- one time
- whenever necessary
- every morning
- at bedtime
- every day
- twice daily
- three times daily
- four times daily
- every four hours
- every other day
- every week
- other, specify

Start Date1

Stop Date1

Ongoing

1Start and Stop Date: If medication is given on a regular schedule, report start date only once. If dose regimen changes, report a new line of information. Report start and stop dates for each change in dose regimen.

Verified Approved Locked Frozen

Page Version No. PAGE_39 (v1, 25-MAR-2009)

Document Number

Links to Discrepancy and Audit Sections

[Click here to navigate to audit history for this CRF](#)

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Previous and Concomitant Medications

Has the subject taken any medications prior to the first dose and/or during the study as restricted by the protocol?

Yes, list below. No

Drug Name:

Indication:

Dose:

Unit: Select only one

Frequency Select only one

- grams
- micrograms
- milligrams
- milliliter
- tablet
- other, specify

- one time
- whenever necessary
- every morning
- at bedtime
- every day
- twice daily

- three times daily
- four times daily
- every four hours
- every other day
- every week
- other, specify

Start Date1

Stop Date1

Ongoing

1Start and Stop Date: If medication is given on a regular schedule, report start date only once. If dose regimen changes, report a new line of information. Report start and stop dates for each change in dose regimen.

Verified Approved Locked Frozen

Page Version No. PAGE_39 (v1, 25-MAR-2009)

Document Number

Links to Discrepancy and Audit Sections

[Click here to navigate to audit history for this CRF](#)

Swedish Match AB

Protocol Number: SM 08-01

Subject Number

Covance Study Number: 7694-105

Subject Initials

Visit Name

Is Blank

Previous and Concomitant Medications

Has the subject taken any medications prior to the first dose and/or during the study as restricted by the protocol?

Yes, list below. No

Drug Name:

Indication:

Dose:

Unit: Select only one

Frequency Select only one

- grams
- micrograms
- milligrams
- milliliter
- tablet
- other, specify

- one time
- whenever necessary
- every morning
- at bedtime
- every day
- twice daily

- three times daily
- four times daily
- every four hours
- every other day
- every week
- other, specify

Start Date1

Stop Date1

Ongoing

1Start and Stop Date: If medication is given on a regular schedule, report start date only once. If dose regimen changes, report a new line of information. Report start and stop dates for each change in dose regimen.

Verified Approved Locked Frozen

Page Version No. PAGE_39 (v1, 25-MAR-2009)

Document Number

Links to Discrepancy and Audit Sections

[Click here to navigate to audit history for this CRF](#)

[Click here to navigate to discrepancy details for this CRF](#)

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Adverse Events

Did the subject experience any adverse events? Yes No

Adverse Event:

Onset Date

Onset Time

Resolved Date

Resolved Time Ongoing

Serious Event: Select only one

- Yes
- No

Severity: Select only one

- Mild
- Moderate
- Severe

Relationship Select only one

- to Date:
- Not Related
 - Unlikely
 - Possibly Related
 - Probably Related
 - Definitely Related

Action Taken: Select only one

- None
- Other Drug Therapy, Specify as Con. Med.
- Other Treatment or Procedure, Specify:
- Discontinuation from Study
- Discontinuation of Drug Therapy

Outcome to Date Select only one

- Recovered
- Continuing without Treatment
- Continuing with Treatment
- Death

Verified Approved Locked Frozen

Page Version No. PAGE_40 (v1, 27-MAR-2009)

Document Number

Links to Discrepancy and Audit Sections

[Click here to navigate to discrepancy details for this CRF](#)

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Adverse Events

Did the subject experience any adverse events? Yes No

Adverse Event:

Onset Date

Onset Time

Resolved Date

Resolved Time Ongoing

Serious Event: Select only one
 Yes
 No

Severity: Select only one
 Mild
 Moderate
 Severe

Relationship Select only one
to Date: Not Related
 Unlikely
 Possibly Related
 Probably Related
 Definitely Related

Action Taken: Select only one
 None
 Other Drug Therapy, Specify as Con. Med.
 Other Treatment or Procedure, Specify:

 Discontinuation from Study
 Discontinuation of Drug Therapy

Outcome to Date Select only one
 Recovered
 Continuing without Treatment
 Continuing with Treatment
 Death

Verified Approved Locked Frozen

Page Version No. PAGE_40 (v1, 27-MAR-2009)

Document Number

Links to Discrepancy and Audit Sections

[Click here to navigate to audit history for this CRF](#)

[Click here to navigate to discrepancy details for this CRF](#)

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Adverse Events

Did the subject experience any adverse events? Yes No

Adverse Event:

Onset Date

Onset Time

Resolved Date

Resolved Time Ongoing

Serious Event: Select only one
 Yes
 No

Severity: Select only one
 Mild
 Moderate
 Severe

Relationship Select only one
to Date: Not Related
 Unlikely
 Possibly Related
 Probably Related
 Definitely Related

Action Taken: Select only one
 None
 Other Drug Therapy, Specify as Con. Med.
 Other Treatment or Procedure, Specify:

 Discontinuation from Study
 Discontinuation of Drug Therapy

Outcome to Date Select only one
 Recovered
 Continuing without Treatment
 Continuing with Treatment
 Death

Verified Approved Locked Frozen

Page Version No. PAGE_40 (v1, 27-MAR-2009)

Document Number

Links to Discrepancy and Audit Sections

[Click here to navigate to audit history for this CRF](#)

[Click here to navigate to discrepancy details for this CRF](#)

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Additional Assessments - 12-Lead Electrocardiogram Report

Were any additional 12-lead ECGs collected? Yes, list below. No

Date	Actual Time	ECG Interpretation	Comments Regarding CS Findings:
<input type="text" value="12-JUN-2009"/>	<input type="text" value="11:35"/>	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, NCS <input type="checkbox"/> Abnormal, CS	<input type="text"/>
<input type="text" value="01-JUL-2009"/>	<input type="text" value="11:10"/>	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, NCS <input type="checkbox"/> Abnormal, CS	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, NCS <input type="checkbox"/> Abnormal, CS	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, NCS <input type="checkbox"/> Abnormal, CS	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, NCS <input type="checkbox"/> Abnormal, CS	<input type="text"/>

Verified Approved Locked Frozen

Page Version No. PAGE_41 (v1, 25-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Additional Assessments - Laboratory Evaluations

Were any additional laboratory evaluations collected? Yes, list below No

Date	Requisition Number	Clinically Significant?	Test Name CS Labs Only	Test Code ID CS Labs Only	Comments
01-JUL-2009	9182-4052	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
01-JUL-2009	9182-4053	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
01-JUL-2009	9182-4054	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Note: Attach copy of signed laboratory report.

Verified Approved Locked Frozen

Page Version No. PAGE_42 (v1, 27-MAR-2009)

Document Number

Links to Discrepancy and Audit Sections

[Click here to navigate to audit history for this CRF](#)

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Additional Assessments - Vital Signs

Were any additional vital signs collected? Yes, list below. No

Date Actual Time

Position	Parameter	Unit	Result
<input type="checkbox"/> Standing	Systolic Blood Pressure	MMHG	105
<input type="checkbox"/> Supine	Diastolic Blood Pressure	MMHG	71
<input checked="" type="checkbox"/> Seated	Heart Rate	BEATS/MINUTE	60
<input type="checkbox"/> Other, specify <input type="text"/>	Respiratory Rate	BREATHS/MINUTE	16
	Body Temperature	C	36.8

Comments

Date Actual Time

Position	Parameter	Unit	Result
<input type="checkbox"/> Standing	Systolic Blood Pressure		
<input type="checkbox"/> Supine	Diastolic Blood Pressure		
<input type="checkbox"/> Seated	Heart Rate		
<input type="checkbox"/> Other, specify <input type="text"/>	Respiratory Rate		
	Body Temperature		

Comments

Verified Approved Locked Frozen

Page Version No. PAGE_43 (v1, 27-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Oral Health Examination

Date	Procedure	Findings*	Findings
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NE	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NE	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NE	<input type="text"/>

* Indicate NE if system was not examined.

Verified Approved Locked Frozen

Page Version No. PAGE_45 (v1, 25-MAR-2009)

Document Number

Swedish Match AB

Protocol Number: SM 08-01

Covance Study Number: 7694-105

Visit Name

Subject Number

Subject Initials

Is Blank

Study Completion

Date the subject completed OR withdrew from the study:

Reason for Withdrawal (check one):

- NA, Completed Study
- Adverse Event, specify:
- Terminated by Sponsor
- Consent Withdrawn
- Lost to Follow-up
- Other, specify:

Investigator Comments (if none, leave blank):

By electronically approving this case report form, I have reviewed the data and found them to be complete and accurate.

Verified Approved Locked Frozen

Page Version No. PAGE_46 (v1, 25-MAR-2009)

Document Number

Links to Discrepancy and Audit Sections

[Click here to navigate to audit history for this CRF](#)

[Click here to navigate to discrepancy details for this CRF](#)

Appendix: Audit and Discrepancy Information

Audit History Report

This section lists audited data that meets the parameters set when the report was run. It may not include all of the audited data in a particular CRF. Refer to the documentation for a complete description of the parameters that can affect this report.

Document #: R262516913

Patient Site	Visit Visit Date	CRF CRF Page
R4084 P3880_0342	Screening	Page_07 07

Section Section Date	Qualifying Prompt	Qualifying Value	Section Visit
-----------------------------	--------------------------	-------------------------	----------------------

Group #	Group Name
0	CRF Header

Field Row	Changed From Changed To	Impact on On resequence By	Reason Comment
DCI Blank Flag 1	N Y	19-JAN-2010 13:01:51 Kim Freschly	Data Entry Error
DCI Blank Flag 1	Y N	19-JAN-2010 13:02:07 Kim Freschly	Data Entry Error

Document #: R262516913

Patient Site	Visit Visit Date	CRF CRF Page
R4084 P3880_0342	Screening	Page_07 07

Section Section Date	Qualifying Prompt	Qualifying Value	Section Visit
Lb	Page number	7	Screening

Group #	Group Name
1	LB

Field Row	Changed From Changed To	Impact on On resequence By	Reason Comment
Date 1	12-JUN-2009	19-JAN-2010 13:02:07 Kim Freschly	Row Inserted
No (Specify samples not done, reason)/Co 1		19-JAN-2010 13:02:07 Kim Freschly	Row Inserted
Requisition Number 1: (1) 1	9163-1344	19-JAN-2010 13:02:07 Kim Freschly	Row Inserted
Requisition Number 2 (if applicable): (2) 1	9163-1345	19-JAN-2010 13:02:07 Kim Freschly	Row Inserted
Requisition Number 3 (if applicable): (3) 1	9163-1346	19-JAN-2010 13:02:07 Kim Freschly	Row Inserted
Were the scheduled laboratory samples ob 1	YES	19-JAN-2010 13:02:07 Kim Freschly	Row Inserted
Were there any clinically significant la (1) 1	NO	19-JAN-2010 13:02:07 Kim Freschly	Row Inserted

Document #: R262516913

Patient Site	Visit Visit Date	CRF CRF Page
R4084 P3880_0342	Screening	Page_07 07

Section Section Date	Qualifying Prompt	Qualifying Value	Section Visit
Upreg	Page number	7	Screening

Group #	Group Name
1	DRUGSCR

Field Row	Changed From Changed To	Impact on On resequence By	Reason Comment
Result 1	NEGATIVE	19-JAN-2010 13:02:07 Kim Freschly	Row Inserted

Document #: R262516913

Patient Site	Visit Visit Date	CRF CRF Page
R4084 P3880_0342	Screening	Page_07 07

Section Section Date	Qualifying Prompt	Qualifying Value	Section Visit
Drgscr	Page number	7	Screening

Group #	Group Name
1	DRUGSCR

Field Row	Changed From Changed To	Impact on On resequence By	Reason Comment
Result 1	NEGATIVE	19-JAN-2010 13:02:07 Kim Freschly	Row Inserted

Document #: R262517013

Patient Site	Visit Visit Date	CRF CRF Page
R4084 P3880_0342	Screening	Page_08 08

Section Section Date	Qualifying Prompt	Qualifying Value	Section Visit
Eg	Page number	8	Screening

Group #	Group Name
1	EG

Field Row	Changed From Changed To	Impact on On resequence By	Reason Comment
Actual Time 1	1110 1134	19-JAN-2010 13:03:43 Kim Freschly	Data Entry Error
Date 1	01-JUL-2009 12-JUN-2009	19-JAN-2010 13:03:43 Kim Freschly	Data Entry Error

Document #: R288714413

Patient Site	Visit Visit Date	CRF CRF Page
R4084	Ip, Week 8	Page_21
P3880_0342		21

Section Section Date	Qualifying Prompt	Qualifying Value	Section Visit
-----------------------------	--------------------------	-------------------------	----------------------

Group #	Group Name
0	CRF Header

Field Row	Changed From Changed To	Impact on On resequence By	Reason Comment
DCI Blank Flag	N	23-MAR-2010 10:59:57	Data Entry Error
1	Y	Lana Glaser	

Document #: R262518213

Patient Site	Visit Visit Date	CRF CRF Page
R4084 P3880_0342	Pcm	Page_39 39

Section Section Date	Qualifying Prompt	Qualifying Value	Section Visit
Pcm	Page number	39	Pcm

Group #	Group Name
1	CM1

Field Row	Changed From Changed To	Impact on On resequence By	Reason Comment
ATC1 Code 1	C M	27-APR-2010 12:10:38 Joanne Mccaigue	Class. Change
ATC1 Text 1	CARDIOVASCULAR SYSTEM, C MUSCULO-SKELETAL SYSTEM, M	27-APR-2010 12:10:38 Joanne Mccaigue	Class. Change
ATC2 Code 1	C01 M01	27-APR-2010 12:10:38 Joanne Mccaigue	Class. Change
ATC2 Text 1	CARDIAC THERAPY, C01 ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, M01	27-APR-2010 12:10:38 Joanne Mccaigue	Class. Change
ATC3 Code 1	C01E M01A	27-APR-2010 12:10:38 Joanne Mccaigue	Class. Change
ATC3 Text 1	OTHER CARDIAC PREPARATIONS, C01E ANTIINFLAMMATORY/ANTIRHE UMATIC PROD.,NON- STERIODS, M01A	27-APR-2010 12:10:38 Joanne Mccaigue	Class. Change
ATC4 Code 1	C01EB M01AE	27-APR-2010 12:10:38 Joanne Mccaigue	Class. Change
ATC4 Text 1	OTHER CARDIAC PREPARATIONS, C01EB PROPIONIC ACID DERIVATIVES, M01AE	27-APR-2010 12:10:38 Joanne Mccaigue	Class. Change

Document #: R288718013

Patient Site	Visit Visit Date	CRF CRF Page
R4084 P3880_0342	Pcm.1	Page_39

Section Section Date	Qualifying Prompt	Qualifying Value	Section Visit
-----------------------------	--------------------------	-------------------------	----------------------

Group #	Group Name
0	CRF Header

Field Row	Changed From Changed To	Impact on On resequence By	Reason Comment
DCI Blank Flag 1	N Y	13-APR-2010 10:33:24 Lana Glaser	Data Entry Error

Document #: R288718513

Patient Site	Visit Visit Date	CRF CRF Page
R4084 P3880_0342	Pcm.2	Page_39

Section Section Date	Qualifying Prompt	Qualifying Value	Section Visit
Pcm	Page number	39	Pcm.2

Group #	Group Name
1	CM1

Field Row	Changed From Changed To	Impact on On resequence By	Reason Comment
ATC1 Code 1	D	26-APR-2010 10:36:00 Carol Kraucyk	Class. Change
ATC1 Code 1	D H	27-APR-2010 12:10:38 Joanne Mccaigue	Data Change
ATC1 Text 1	DERMATOLOGICALS, D	26-APR-2010 10:36:00 Carol Kraucyk	Class. Change
ATC1 Text 1	DERMATOLOGICALS, D SYSTEMIC HORMONAL PREP., EXCL. SEX HORM. AND INSULIN, H	27-APR-2010 12:10:38 Joanne Mccaigue	Data Change
ATC2 Code 1	D07	26-APR-2010 10:36:00 Carol Kraucyk	Class. Change
ATC2 Code 1	D07 H02	27-APR-2010 12:10:38 Joanne Mccaigue	Data Change
ATC2 Text 1	CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS, D07	26-APR-2010 10:36:00 Carol Kraucyk	Class. Change
ATC2 Text 1	CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS, D07 CORTICOSTEROIDS FOR SYSTEMIC USE, H02	27-APR-2010 12:10:38 Joanne Mccaigue	Data Change
ATC3 Code 1	D07A	26-APR-2010 10:36:00 Carol Kraucyk	Class. Change
ATC3 Code 1	D07A H02A	27-APR-2010 12:10:38 Joanne Mccaigue	Data Change
ATC3 Text 1	CORTICOSTEROIDS, PLAIN, D07A	26-APR-2010 10:36:00 Carol Kraucyk	Class. Change
ATC3 Text 1	CORTICOSTEROIDS, PLAIN, D07A CORTICOSTEROIDS FOR SYSTEMIC USE, PLAIN, H02A	27-APR-2010 12:10:38 Joanne Mccaigue	Data Change

Document #: R288718513

Patient Site	Visit Visit Date	CRF CRF Page
R4084 P3880_0342	Pcm.2	Page_39

Section Section Date	Qualifying Prompt	Qualifying Value	Section Visit
Pcm	Page number	39	Pcm.2

Group #	Group Name
1	CM1

ATC4 Code		26-APR-2010 10:36:00	Class. Change
1	D07AA	Carol Kraucyk	
ATC4 Code	D07AA	27-APR-2010 12:10:38	Data Change
1	H02AB	Joanne Mccaigue	
ATC4 Text		26-APR-2010 10:36:00	Class. Change
1	CORTICOSTEROIDS, WEAK (GROUP I), D07AA	Carol Kraucyk	
ATC4 Text	CORTICOSTEROIDS, WEAK (GROUP I), D07AA	27-APR-2010 12:10:38	Data Change
1	GLUCOCORTICIODS, H02AB	Joanne Mccaigue	
Dose	VARIOUS	26-APR-2010 13:13:02	Data Entry Error
1	UNKNOWN	Kim Freschly	
Indication	PLANTAR FASCITIS PAIN	12-APR-2010 12:18:35	ODM/SEC
1	PLANTAR FASCIITIS PAIN	Joanne Mccaigue	Obvious spelling correction. JLM 12Apr2010
Preferred Term		26-APR-2010 10:36:00	Class. Change
1	METHYLPREDNISOLONE	Carol Kraucyk	
Preferred Term Code		26-APR-2010 10:36:00	Class. Change
1	00049601001	Carol Kraucyk	
Trade Name		26-APR-2010 10:36:00	Class. Change
1	MEDROL /00049601/	Carol Kraucyk	
Trade Name Code		26-APR-2010 10:36:00	Class. Change
1	00049601003	Carol Kraucyk	

Document #: R298087113

Patient Site	Visit Visit Date	CRF CRF Page
R4084 P3880_0342	Ae.1	Page_40

Section Section Date	Qualifying Prompt	Qualifying Value	Section Visit
Ae	Page number	40	Ae.1

Group #	Group Name
1	AE1

Field Row	Changed From Changed To	Impact on On resequence By	Reason Comment
Resolved Date 1	UNK	12-MAR-2010 11:13:32 Kim Freschly	Data Entry Error
Resolved Time 1	UNK	12-MAR-2010 11:13:32 Kim Freschly	Data Entry Error

Document #: R298087713

Patient Site	Visit Visit Date	CRF CRF Page
R4084 P3880_0342	Ae.2	Page_40

Section Section Date	Qualifying Prompt	Qualifying Value	Section Visit
Ae	Page number	40	Ae.2

Group #	Group Name
1	AE1

Field Row	Changed From Changed To	Impact on On resequence By	Reason Comment
Relationship to Date 1	NOT RELATED	12-MAR-2010 11:14:22 Kim Freschly	Data Entry Error

Document #: R288712513

Patient Site	Visit Visit Date	CRF CRF Page
R4084 P3880_0342	Additional Lab	Page_42 42

Section Section Date	Qualifying Prompt	Qualifying Value	Section Visit
Lb	Page number	42	Additional Lab

Group #	Group Name
1	LB

Field Row	Changed From Changed To	Impact on On resequence By	Reason Comment
Comments 1		19-JAN-2010 13:03:26 Kim Freschly	Row Inserted
Test Code ID CS Labs only 1		19-JAN-2010 13:03:26 Kim Freschly	Row Inserted
Test Name CS Labs only 1		19-JAN-2010 13:03:26 Kim Freschly	Row Inserted
Comments 2		19-JAN-2010 13:03:26 Kim Freschly	Row Inserted
Test Code ID CS Labs only 2		19-JAN-2010 13:03:26 Kim Freschly	Row Inserted
Test Name CS Labs only 2		19-JAN-2010 13:03:26 Kim Freschly	Row Inserted
Comments 3		19-JAN-2010 13:03:26 Kim Freschly	Row Inserted
Test Code ID CS Labs only 3		19-JAN-2010 13:03:26 Kim Freschly	Row Inserted
Test Name CS Labs only 3		19-JAN-2010 13:03:26 Kim Freschly	Row Inserted

Document #: R288723113

Patient Site	Visit Visit Date	CRF CRF Page
R4084 P3880_0342	Study Competition	Page_46 46

Section Section Date	Qualifying Prompt	Qualifying Value	Section Visit
Ds	Page number	46	Study Competition

Group #	Group Name
1	DS

Field Row	Changed From Changed To	Impact on On resequence By	Reason Comment
Date the subject completed OR withdrew f 1	28-SEP-2009 15-OCT-2009	19-JAN-2010 13:18:37 Kim Freschly	Data Entry Error
Date the subject completed OR withdrew f 1	15-OCT-2009 11-SEP-2009	12-MAR-2010 11:15:54 Kim Freschly	Data Entry Error

Discrepancy Detail Report

Document #: R262516713

Discrepancy ID: 1790978613

Site: P3880_0342

Patient: R4084

Visit: SCREENING

Visit Date:

CRF: PAGE_06

Section: VS

Qualifying Value: 6

Field: Date

Row: 1

Value Text: 20090612

Type: MANUAL

Status: CURRENT

Review Status: Resolved-Response Edited

Discrepancy: Please add additional VS on 7/1/09 as unscheduled - see source baseline visit page 2 of 2

Internal Comment:

Resolution Type: Confirmed

Resolution Text:

Document #: R262517013

Discrepancy ID: 1790978013

Site: P3880_0342

Patient: R4084

Visit: SCREENING

Visit Date:

CRF: PAGE_08

Section: EG

Qualifying Value: 8

Field: Date

Row: 1

Value Text: 20090612

Type: MANUAL

Status: CURRENT

Review Status: Resolved-Response Edited

Discrepancy: Please add 6/12/09 ECG here and 7/1/09 ECG on unscheduled CRF

Internal Comment:

Resolution Type: Confirmed

Resolution Text:

Document #: R288719913

Discrepancy ID: 83978311

Site: P3880_0342

Patient: R4084

Visit: AE

Visit Date:

CRF: PAGE_40

Section: AE

Qualifying Value: 40

Field: Adverse Event

Row: 1

Value Text: GINGIVAL PAIN

Type: MANUAL

Status: CURRENT

Review Status: Resolved-Response Edited

Discrepancy: Please add laceration and concussion

Internal Comment:

Resolution Type: Confirmed

Resolution Text:

Document #: R298087113

Discrepancy ID: 119554611 **Site:** P3880_0342 **Patient:** R4084
Visit: AE.1 **Visit Date:**
CRF: PAGE_40 **Section:** AE **Qualifying Value:** 40
Field: Adverse Event **Row:** 1
Value Text: SCALP LACERATION
Type: MANUAL **Status:** CURRENT
Review Status: Resolved-Response Edited
Discrepancy: Onset date (19-Sep-2009) is after date of study completion (11-Sep-2009). Please verify dates. If correct, please remove AE.
Internal Comment: subject's last in house visit was Aug 17, 2009. Subject reported AEs on Sep 25, 2009. Subject dropped off product on Sep 28, 2009 and left before any procedures were done.
Resolution Type: Confirmed
Resolution Text:

Discrepancy ID: 84027211 **Site:** P3880_0342 **Patient:** R4084
Visit: AE.1 **Visit Date:**
CRF: PAGE_40 **Section:** AE **Qualifying Value:** 40
Field: Outcome to Date **Row:** 1
Value Text:
Type: UNIVARIATE **Status:** CURRENT
Review Status: Resolved-Response Edited
Discrepancy: Value for Outcome to Date has not been supplied
Internal Comment: unknown subject lost to follow-up
Resolution Type: Confirmed
Resolution Text:

Discrepancy ID: 85843811 **Site:** P3880_0342 **Patient:** R4084
Visit: AE.1 **Visit Date:**
CRF: PAGE_40 **Section:** AE **Qualifying Value:** 40
Field: **Row:**
Value Text:
Type: MULTIVARIATE **Status:** CURRENT
Review Status: Resolved-Response Edited
Discrepancy: Resolved Date and Time is missing and Ongoing is null for Adverse Event <SCALP LACERATION>. Please either provide resolved date and time OR check Ongoing.
Internal Comment: subject lost to followup, date/time not documented
Resolution Type: Confirmed
Resolution Text:

Document #: R288723113

Discrepancy ID: 83979811 **Site:** P3880_0342 **Patient:** R4084
Visit: STUDY COMPETITION **Visit Date:**
CRF: PAGE_46 **Section:** DS **Qualifying Value:** 46
Field: Date the subject completed OR withdrew f **Row:** 1
Value Text: 20090911
Type: MANUAL **Status:** CURRENT
Review Status: Resolved-Response Edited
Discrepancy: Please review if this should be date of last visit contact 11Sep09
Internal Comment:
Resolution Type: Confirmed
Resolution Text:

Deleted CRFs Report