RCT ON THE MANAGEMENT OF EARLY PREGNANCY FAILURE
MISOPROSTOL TREATMENT RECORD

Site	Patient No.	Letter Code	Visit	Sequence
			0 0	

A. TREATMENT

1. Misoprostol tablets inserted on: FM05DT ___ ___ ___ - ___ ___ - 2 0 0 ___ (Month, Day, Year) VIS_HR VIS_MN __ __ : __ __ (Hours, Min) (24-hour clock)

2. Dose Number [Record in Sequence Number] 1st Dose of Misoprostol (1) 2nd Dose of Misoprostol (2) DOSENUM

3. Has cervical/vaginal discharge, blood, or examination gel been wiped out before misoprostol administration? (1) Yes (2) No VDISWIPE

   No saline should be added.

4. Complications? (1) Yes (2) No MISOCOMP

   If yes, specify _____ MISCMPSP

B. ADMINISTRATIVE MATTERS

1. Comments GEN_CMNT _____
2. Person Completing Form CERT_SIG _____ Staff Number: CERT_NO __ __ __ - __ __ __
3. Date form completed: COMPL_DT ___ ___ ___ - ___ ___ - 2 0 0 ___ (Month, Day, Year)